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THE NON-CASH NEEDS OF AGED PERSONS AFFECTING THEIR INDIVIDUAL AND SOCIAL SECURITY

AN ANNOTATED BIBLIOGRAPHY

by

Florence A. Armstrong

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF RESEARCH AND STATISTICS
DIVISION OF COORDINATION STUDIES
August 1947

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Foreword

Social security usually connotes public provision against hazards to income. The social needs of individuals and families include, however, other things besides income, and a social security administration conscious of this fact has an obligation to develop among staff members, interested persons and the public at large an awareness of the relation of these needs to the larger objectives of social security.

The present bibliography deals with the problems of adjustment other than economic, in old age. Many of these problems are familiar to old-age assistance workers and to claims takers in old-age and survivors insurance field offices from experience with specific cases. The bibliography puts such experience in appropriate perspective. For others, it provides a useful summary of recent thinking and experimentation in a rapidly growing field.

The bibliography was prepared in the Division of Coordination Studies by Miss Florence A. Armstrong, under the supervision of Mr. Jacob Fisher, and of the Chief of the Division, Mrs. Ida C. Merriam. It has had the benefit of review by persons in other Bureaus of the Social Security Administration and other parts of the Agency.

I. S. Falk, Director
Bureau of Research and Statistics

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ERRATA

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1. Paragraph 1, line 3 from end, "many" should read "may."
11. Abstract 2, line 7 from end should read: "standards and inspection"; lines 5 and 6 from end should read: "immediate experimentation in foster home care by private family agencies."
16. Abstract 2, line 10, should read: "as they are vacated."
23. Abstract 3 (Evans), line 1 should read: "analyzes from the 1940 Census data on."
58. Abstract 2 (Kuh), line 3, should read: "requirements of jobs."
70. Line 5, last word is "clinics."
76. Abstract 2, line 11, should read: "reported no hobbies."
83. Abstract 3 (Moses), line 3, should read: "22nd international exposition," and abstract 4 (Armstrong) in title, last word is "Indianola."
102. Abstract 1, line 3, should read: "one must fill their time."
143. Second item (Hartwell) line 8, 4th word is "slight"; and line 24, the 3rd word is "belonging."
147. Line 13, last word is "charge."
154. Last word in first reference (Rapp) should be "recommended."
169. First item, line 8, 7th word is "step"; and lines 15-16 should read: "to increase medical knowledge and understanding of social factors."
172. Second item (Stieglitz), line 8, 2nd word is "Emphysema."

It is regretted that other errors in typography and style cannot be made in this edition.

THE NONCASH NEEDS OF AGED PERSONS AFFECTING THEIR INDIVIDUAL AND SOCIAL SECURITY

Introduction

Industrial nations are facing a social-economic problem of considerable magnitude in the shift of their populations to a higher median age. Population experts variously predict that by the year 1980 one in every eight or nine persons in the United States, will be 65 years of age or over. This shift in the proportion of older persons in the population involves many types of social and economic changes which have already clearly begun. Wise handling of the problems of an aging population would seem to call for wide information on the basis of which a nation may proceed to develop the requisite insight, adaptability, policies, and actions. For upon both understanding and initiative depends the right social, as well as individual, adjustment to this changing situation. A nation, like an individual, cannot safely ignore or neglect the implications of increased longevity, because great potentiality—for weal or woe—lies embodied in it. Longevity may mean more production of goods and services, rising standards of living, more cultural development and enrichment, more people with mature judgment and wisdom; or it may mean more deteriorated, idle, poverty-stricken, sick individuals to care for. As other periods of the life cycle have received extensive study, so now old age also has to be studied, and is being studied more and more.

The science of Gerontology, the study of aging, has recently had rapid development. It includes and seeks to apply to the problems of the aged and of an aging population the knowledge of both the physical and social sciences, and endeavors to develop new knowledge. Geriatrics, the medical care of the aged, has also become a familiar term. One of the leaders in this development Dr. Edward J. Stieglitz, divides Gerontology into (1) the biology of aging; (2) the clinical problems of aging man; and (3) the socio-economic problems of aging mankind. Leaders in the study of aging and old age emphasize the importance of normality and adequate emotional adjustment at each stage of life and seek to determine what such normality is for the older, as well as for other, individuals. They endeavor to learn how to treat all the various departures from normality in older persons, by medical, psychiatric, case-work, common-sense, and other means. They recognize also the social implications of Gerontology and Geriatrics and call for cooperation of leaders in the social field.

Both individual and social attitudes toward aging and the aged are involved in the process of reaching a solution to the problems of an aging population. The family has always been the safest haven for the aged; but many aged must find other havens. Economic insecurity has been the curse and the great fear of countless aged; social arrangements for a certain measure of economic security for old people

have begun their beneficient work, though much remains to be done. Yet intellectual and spiritual security also loom very large in the problems of later maturity. Moreover, adequate medical care, hospitalization, and nursing care for most old people are still in the future; the light is focused on these urgent needs in much of the discussion of today.

The present bibliography discloses all these conditions of life for older persons and all these trends of thinking. It is an attempt to bring together the multiplicity of threads in scientific and popular material on the subject as a basis for further research and synthesis.

PART I

THE HOUSING PROBLEMS OF AGED PERSONS

This section of the bibliography on social aspects of aging is devoted to the living arrangements of aged persons, particularly as related to their needs in shelter. Considerable attention has been given by researchers to the special nutritional needs of aged persons, so that on the basis of scientific knowledge, it is now completely possible to develop a food budget reasonably suited to the needs of the aged, and to estimate the cost of such appropriate foods. Moreover, research in the laboratory on the physical changes that occur in aging and on methods to prevent or delay, as well as to offset and triumph over, disintegrating diseases to which the aged are especially subject, has borne some fruit and is expected in time to confer vast and incalculable benefits to rapidly aging populations. And the value of a rich content of living in adding life to the years as well as years to life is receiving much attention in recent literature on the subject. All of these important aspects of aging appear in other sections of the bibliography. This part, devoted to the housing needs of older people, derives its significance from these other needs. Environment increases in importance to individuals as the need to conserve physical strength increases, and as health and mental attitudes become more susceptible to damage from the hazards, discomforts, and isolation of such types of shelter as those in which many aged people have to spend their days and end their lives. Conversely, the comforts, the healthfulness, and the pleasant contacts of well-designed living arrangements where such are available many contribute to contentment of older people, conserve their productive capabilities, and defer the coming of disability by extending normal living more or less to the end of life.

This housing section of the bibliography includes references to the prevailing conditions of housing of the aged, to the special housing needs of older people, as seen by those most conversant with such needs, and with experiments and recommendations looking toward the solutions of the most pressing housing problems of the aged in the United States and other countries.

I. HEIGHTENED IMPORTANCE TO AGED OF FACTORS DETERMINING LIVING ARRANGEMENTS

Brunot, Helen Hardy. "Old Age at the Crossroads. Patterns of Living in an Institution." New Goals for Old Age edited by George Lawson, 1943 pp. 144-151.

The author raises several pertinent questions: What patterns of living are available to the older person? From which of the following schemes of living may he find one which will meet partly or entirely his personal requirements and preferences: living alone in a room or apartment; sharing an apartment with relatives or friends; boarding with a private family; living in a cooperative apartment house, entering a home for the aged, a nursing home, or a home or hospital for the chronically ill? Is is the type of living arrangement itself, or is it the opportunities and services which can be had in conjunction with it that is of significance to the old person at the crossroads of such a decision? The article surveys the situation in New York City.

_____ "Old Age in New York City: An Analysis of Some Problems of the Aged, Based on 3,106 Requests for Information about Health and Welfare Services." Prepared from records of the Bureau of the Aged of the Welfare Council of New York City. 1943, 125 pp.

Eighty-seven and one-half percent of the inquiries related to living arrangements—where, how, and with whom to live. This preponderance of interest indicates the enormous proportions assumed by any unsolved problems of living arrangements in old age. Fear of future disability and uneasiness of relatives caused many old people to seek highly protected living arrangements even though they did not need such care at the time.

Wickenden, Elizabeth. Public Welfare, Vol. 4, No. 1, January 1946, p. 26

In hearings on the public housing bill S. 1592, on February 12, 1945, Miss Wickenden representing the American Public Welfare Association, testified that old people are special victims in the housing shortage. Many have turned to institutional care which is costly to the public and socially less desirable because suitable housing for these old people was not available.

Grossman, Ben L. "Old Folks at Home"; A study of the composition of the aged case load of the Jewish Social Service Bureau with particular reference on housing (Pittsburgh) 1941, 22 pp. Mimeographed.

This paper finds that four factors influence the aged in choice of residence: (a) nearness to relatives and friends, (b) preference for one's own cultural and racial group, (c) cost of rent, (d) closeness to lines of communication and communal institutions.

Griffin, John J. "The Growing Problem of the Aged" Social Service Review, December 1946, 51 pp.

The growing trend toward cramped living quarters crowds out aged parents. The inappropriateness of apartment house atmosphere to illness and the lack of facilities for illness, and the disappearance of the old neighborhood spirit in urban life means, if there is bedspace for the aged, a lack of homelikeness for them. The special needs of the aged have to be considered in respect to safety, health, and fire hazards, the number of stairs or kind of elevator, and the apparatus used for heating, cooking, and lighting, availability of sunlight and the location—all of peculiarly practical significance to the aged.

II. CONDITIONS AND INDICATED NEEDS FOR HOUSING FOR THE AGED IN A CHANGING POPULATION, IN THE UNITED STATES

NONINSTITUTIONAL HOUSING FOR THE AGED

Better Times, Editorial, New York City Public Welfare Council, February 8, 1946. p. 2.

Housing for the aged is hindered by restrictions in the present United States Housing Act which prevents local authorities from accepting as tenants single persons in any project built with Federal assistance. No restriction against single persons is made in the New York State housing law and therefore small apartments have been included in State-aided housing.

Brunot, Helen Hardy. "Old Age in New York City" Welfare Council of New York City 1943. 128 pp.

This study of cases applying for information from the Council's Bureau for the Aged showed a need for at least three types of living arrangements for the physically disabled aged who do not require hospital care: 1. private boarding home, some personal care if necessary; 2. the small noninstitutional nursing home for cases for nursing supervision or limited on occasional nursing care; 3. the congregate institution for patients needing extensive medical and nursing care. Further modifications are desirable, but these are the minimum. These requirements are not made available to the aged in any organized way. Institutional facilities are gravely inadequate especially for the indigent, and because facilities of the noninstitutional type have not been developed as indicated in (1) and (2).

California. "Income and Living Arrangements of Old Age Security Recipients." Public Assistance in California, Sacramento, Vols. 8 and 9, pp. 2-6.

This study was based on a sample of 5,240 persons receiving old age security in November 1944. The sample showed the average recipient to be 74 years old, white, having lived in the State more than 15 years in a city or town and maintaining his own living arrangement; 20 percent has his own property. Other detailed data are given.

Federal Security Agency. Social Security Board, Bureau of Public Assistance. "Preliminary Tables on Incomes and Living Arrangements of Recipients of Old-Age Assistance in 21 States, 1944" Public Assistance Report No. 9, Washington, D.C., December 1945, p. 11

Seventy percent of the recipients live in their own homes. Nearly 28 percent live alone in their own establishment, 24 live with a spouse only and more than 17 percent, either with or without spouse, live with other persons. Twenty-five percent of the recipients live in family homes other than their own—with a son or daughter or other relative or some nonrelated person. Less than 4 percent live in boarding or nursing homes or private institutions. Almost 85 percent were able to dress, eat, and move about the home without assistance. The others require care from other persons.

Ford, James. "Housing for Unattached Persons." Social Work Yearbook, 1939. pp. 177-182.

Estimates based on the 1930 census indicate that nearly one-half of the 11 to 12 million attached persons were lodgers in private families; slightly more than one-fifth maintained some type of independent living quarters of their own; one-seventh lived in institutions of various types; and about one-twentieth in homes as servants, in boarding or lodging houses, and in hotels, with smaller proportions in other miscellaneous types of housing. These types are described and principal examples cited.

Unattached persons, while traditionally a younger group, now include an increasing number of lone individuals over 65 years of age. Social Security Board data are cited, that more than one-sixth of the recipients of old-age assistance in 1936-1937 lived alone. (p. 178.)

Geddes, Anne, and Leisy, Agnes. "Sex, Marital Status, and Living Arrangement of 1,000,000 Recipients of Old-Age Assistance." Social Security Bulletin, February 1939 pp. 20-27.

Aged couples and persons living alone made up over 40 percent of the million cases accepted for old-age assistance in the first years of the program.

Griffin, John J. "The Growing Problem of the Aged." Social Service Review, Vol. 19, No. 4, pp. 506-515, December 1945.

In an article on the changing proportion of the aged in our society, the author points out the vast implication of these changes in the age composition of our population on the economy, health, public administration and social work. As to the placement of the chronically ill aged, he pointed out the gravity of the situation. General hospitals have neither the facilities nor the personnel required. Municipal and State infirmaries are congested and understaffed. Most of the private charitable institutions and homes for the aged do not accept those already ill or incapacitated. Visiting nurses associations and visiting housekeeper services are inadequate. Foster-home placement is the solution in rare cases. Lodging and boarding houses do not meet the situation. Commercial nursing homes are "but a last desperate resort"; they need stricter supervision, better equipment, and trained personnel.

Hoben, Edmond H. "Housing and City Planning." Social Work Yearbook, 1945. p. 181.

Housing for the aged has received little attention in public housing, except in New York where units for single aged or aged couples have been planned in several projects. Only New York among the States engages in the financing and subsidizing of public housing. Activity by States has otherwise been lacking.

Lansing, Catharine F. "Studies of Community Planning in Terms of the Span of Life." New York City Housing Authority, New York 1937. 42 pp.

Failure to plan for all types of families in public projects forces aged persons to move out of the community where they have their roots. The shift of the population to a larger proportion of aged persons (1850-1980) emphasizes the growing importance of flexibility in housing patterns and practices.

This pamphlet points out that all housing developments must house a typical cross-section of the community, and also must provide for shifts in the pattern of age and the family size of individuals, over time.

Shuster, Esther C. and O'Connor, Richard. "A Housing Survey of Beneficiaries of Old Age Assistance Living on the North Side, Pittsburgh." Federation of Social Agencies of Pittsburgh and Alleghany County, 1938.

Data are presented on buildings occupied with respect to defects in repair, lighting and ventilation facilities, extent of crowding, sanitary conditions; length of residence at present address; monthly rent paid; type of living quarters occupied; accessibility of residence to community resources; physical condition as related to housing; avocations in relation to housing.

The investigators concluded that nursing homes offering nursing care were sorely needed for this group. They found that the facilities of the existing hospitals were grossly inadequate to give bed care to the infirm aged when it was needed, and made the following recommendations:

1. Raise old-age grants
2. Complete study of every house in which old-age assistance recipients are lodged.
3. All such lodgings should be licensed and inspected periodically.
4. A registry of rooms equipped to meet the housing needs of aged should be sponsored for use of aged.
5. The Municipal Health Department should be informed of all violations of sanitary code and urged to enforce the existing ordinances.
6. An attempt should be made to establish luncheon clubs, hobby groups, and recreational services for the aged.

United States Department of Commerce, Bureau of the Census. 16th Census of the United States, 1940. Population and Housing, Families, Income and Rent. Regions, Cities of 1,000,000 or more and metropolitan districts of 1,000,000 or more. 1943, 237 pp.

Table 1.—presents owner families by size (1 to 7 or more) by family wage or income and receipt of other income in 1939, and rent, urban and nonfarm, for United States.
Table 1a.—presents the same data for tenant families
Table 3.—presents families by income classes and by housing expenditures within each specific income class, for four regions, and for seven family sizes: 1, 2, 3, 4, 5, 6, 7 or more (only the head of the family and persons related to the head by blood, marriage or adoption are counted). These data show amounts of rent paid by small families, such as aged couples and single aged persons.

United States Department of Commerce, Bureau of the Census, 16th Census 1940 Housing. Vol. 3, Characteristics by Monthly Rent or Value. Part 1: United States Summary. Washington, Government Printing Office, 1943. 165 pp.

Shows clearly the shortcomings in the housing situation when the needs of millions of older persons for small, compact, comfortable units are considered.

Table A-1.—gives number of all dwelling units for the United States, urban and nonfarm, one-family, two-family, etc., and a distribution at various rentals, the state of repair and plumbing at each rental, and the number of persons in each household by monthly rent, with persons per room, also the refrigeration and heating equipment according to rental per month.

Table A-2.—gives the same data for owner-occupied units and Table A-3.--for tenant occupied units. The data are not analyzed by age of family head.

United States Department of Commerce, Bureau of the Census. Housing—Special Reports. July 21, 1945, Series H-45. No. 2. 10 pp.

Characteristics of Occupied Dwelling Units, for the United States. October 1944. Processed, 10 pp.

The data were obtained as a supplement to the monthly report on the labor force for October 1944. They relate to home ownership, size of household and dwelling unit, equipment and monthly rent. About 10 percent of the occupied units are occupied by one person families and over 25 percent occupied by two person families. More than half are still without central heating but only one-eighth are without gas or electricity; 60 percent contain mechanical refrigeration and 73 percent have modern toilet facilities. Despite wartime restrictions, considerable improvement to housing facilities occurred between 1940 and 1944. The data are not analyzed by age of family head.

Wentworth, Edna C. "Economic and Social Status of Beneficiaries of Old-Age and Survivors Insurance." Social Security Bulletin Vol. 6, No. 7. July 1943 pp. 3-20.

This article summarizes the results of surveys of beneficiaries in Philadelphia and Baltimore (732 families), St. Louis (761 families) and Los Angeles (1,078 families). Of male beneficiaries, 45 percent in Philadelphia and Baltimore, 56 percent in St. Louis and 70 percent in Los Angeles lived alone. Table 4 shows the percentage distribution of specified types of beneficiary groups by type of living arrangement at end of the survey year in four cities. Table 5 shows the relationship of other household members. Of those living alone, the modal group of married couples lived in a home which they owned. The modal female primary beneficiaries living alone lived in rented dwellings. The composition of family groups is analyzed, and the income of each type of beneficiary group is distributed by income class among sources.

Wentworth, Edna C. "Living Arrangements of Old-Age and Survivors Insurance Beneficiaries in St. Louis." Social Security Bulletin, Vol. 8. No. 9, September 1945, pp. 16-18.

This article compares the living arrangements in October-November 1941 and April-June 1944 of 514 beneficiary groups, and notes the impact of crowded wartime conditions upon the aged and other beneficiaries. Fewer aged couples entitled to both primary and wife's benefits were living alone at the later date, though among other types of beneficiaries the proportion living alone remained about the same or increased.

Table 1 compares the living arrangements at the two dates, 1941 and 1944.
Table 2 presents the number of beneficiary groups having children outside the household at the time of the second survey, 1944.

INSTITUTIONAL HOUSING FOR THE AGED

Alabama. "56 Counties Without Almshouses." Alabama Social Welfare, Vol. 4, December 1939 pp. 16-17, 20.

This unsigned article tells how Alabama counties disposed of their almshouses after the Social Security Act provided old-age assistance outside of public institutions. The residents adjusted themselves well in rooms in private households. But the problem of caring for large numbers of physically and mentally handicapped indigents is by no means solved. County officials, county welfare board members, and others realize the need for some type of institution to care for the aged, senile, mentally sick person who has no close family ties. The next step is the establishment of nursing homes, State-wide in scope, equipped to care for these indigents whose need is still unmet.

Austin, Nancy L. "Old Folks Without Homes." Survey, Vol. 75. No. 1, January 1939, pp. 9-11.

After the Social Security Act established old-age assistance programs, the abolition of almshouses for the aged freed aged persons to find rooms in boarding houses. Conditions in such houses forced the States to license them.

Evans, Louis. "Providing Institutional Care for Recipients of Public Assistance." Public Welfare, Vol. 3. No. 11, November 1945. pp. 248-253.

This paper analyzes the population in public institutions and in private homes for the aged. The lack of facilities for care of the chronically ill aged is shown. The use of Federal funds for care of some pensioner patients in Federal institutions is cited as a precedent for doing the same thing in the case of the recipients of old-age assistance.

Federal Security Agency, Social Security Board, Bureau of Public Assistance. "Sheltered Care and Home Services for Recipients." Public Assistance Report No. 5, 1944. 149 pp., with bibliography.

This study was conducted in six urban localities in five States; Orleans Parish, Louisiana; Baltimore, Maryland; Cook County, Illinois; Jackson County, Missouri; and in Boston and Worcester, Massachusetts. The report focuses on need for help in utilizing community resources. The study contains an analysis of private sheltered care; sheltered care and public institutions; and guardianship and other protective arrangements as services to incapacitated adults. Of the 81,000 adult recipients, 4,100 were receiving care outside their own home, far more than half of them in boarding arrangements.

Griffin, John J. "Sheltered Care for the Aged in Massachusetts." Survey Mid-Monthly, Vol. 81, No. 12 December 1945, pp. 323-326.

The author discusses the meaningless character of present regulations regarding boarding and nursing homes for aged recipients of public assistance, which he calls unenforceable. He points to the necessity of revising the regulations to give the local and State welfare organizations more control and cites and enlarges upon minimum standards for homes which he had published in 1943 in "Public Welfare." He urges a commission of experts to study and report upon the subject of sheltered care for the aged in Massachusetts.

Jarrett, Mary C. "Care of the Chronically Ill of Cleveland and Cuyahoga Counties." The Benjamin Rose Institute, May 20, 1944. Processed. 51 pp.

There are 13 homes for the aged in Cleveland, 818 beds. Though they do not admit applicants who have a chronic disease, as a rule, about half of the residents are usually found to be chronic patients and the medical care is inadequate. Montefiore Home places persons who dislike institutional life in a room in the neighborhood and allows them all the privileges of the home, including medical attention and care in the infirmary. Reference is made to the warning of Anne H. Rebeck (1943) that nursing homes are on their way to becoming "old folk farms" and a scandal.

"For the most part these licensed nursing homes are dirty, cluttered, rundown houses where old sick people are packed in as closely as possible and receive the least possible attention." Two nursing homes in the city are models. They charge $60 to $100 a month.

New Jersey, after legislation for standardization and control of nursing homes increased the maximum allowance to a recipient of old-age assistance for board in a nursing home to $70 a month. Payments for medical service and drugs are additional. The general rule is a monthly visit to each patient for health supervision; and the same physician is called in case of acute illness.

Belford House in Cleveland conducted by the Benjamin Rose Institute has 10 persons, 9 women and 1 man, all over 70, in a pleasant attractively furnished house, just as they would live in a private home. Each one has her own room as she likes it. They take turns in helping with the housework. A capable manager with the help of a cook runs the house. All have some serious chronic illness. Each is receiving medical attention. All have grants for board from the Institute.

Kraus, Hertha. "Institutional Care of the Aged in Alleghany County," based in part on "The Care of the Aged in Alleghany County." Special Study of Pittsburgh and Alleghany County, Philip Klein, Director, 1936, Processed. 49 pp.

This study sees that in coming years noninstitutional services will assume the major responsibility for the dependent aged and corresponding borderline group, in contrast to the prevailing tradition, a trend strengthened by introduction of social security programs. Recommendations are made with respect to the division of functions between public and private homes, hospitals for chronic cases, boarding homes (nonprofit) for the able-bodied or slightly handicapped, and nursing homes for the severely handicapped; wider use of institutions by extension of facilities to extra-mural guests, establishment of a joint Protestant or nonsectarian nursing home; and review of plans for extension to insure adjustments to community needs. It is recommended that a weekly or monthly payment plan of moderate boarding fees be set up, to be met from old-age pensions or other small regular incomes. Surplus income should be used to provide good standards despite low rates and help to most eligible applicants. Homes needing

income should apply to the Community Fund and help should be given to those not under the Fund in improving methods of solicitation. The isolation of personnel should be overcome by cooperative devices, and minimum standards of personnel plus more use of personnel's experience in policy making is urged.

Newman, Ellen J. "Variations in Assistance Payments and Social Characteristics of Recipients Accepted for Old-Age Assistance." Social Security Bulletin. Vol. 4, No. 10, October 1941, pp. 29-32.

Differences in living arrangements are more important than marital status or sex in affecting differentials in the amount of assistance given. Those in institutions get more.

New York State Department of Public Welfare. 77th Annual Report. Legislative Document No. 68. Albany 1944. pp. 90. Reviewed in Social Service Review, September 1945, p. 448.

The department stressed the need for larger infirmary facilities for the chronically ill.

Pennsylvania, Philadelphia. "Study of Commercial Nursing and Boarding Homes in Philadelphia." Philadelphia Health Bulletin, December 1945, pp. 5-6.

Nonprofit homes care for only a segment of the older population; only four for the chronically ill exist with a bed capacity of about 500. Persons in need of such care are forced into commercially operated homes. A license from the State Department of Welfare is required. Fifty-two exist accommodating 300. About one-half have a registered nurse regularly on duty; most homes employ fewer than 3 (untrained) workers or 1 for 9 or 10 patients. Only six homes have physicians in attendance, others have them on call. Conditions in the homes vary widely and are more suited to those who can pay for the services. Suggestions are made for the care of the indigent aged on a nonprofit basis. A survey of the 42 boarding homes in Philadelphia show them usually in charge of the owner, near medical facilities and parks. In several instances, boarding homes are giving general nursing care to boarders. Some of the owners are nurses qualified to give nursing care in emergent situations. Only three admit Negroes. Most are nonsectarian.

Randall, O. H. "Old-Age Security at Home." American Journal of Nursing. 37: 488-493, May 1937.

Discusses the place of homes for the aged as a resource to older persons as against old-age assistance which gives independence but no margin beyond the food and shelter necessities of life; homes restrict an individual's activity and manner of living, as in any form of group living, and require a financial adjustment which results in the practical dependence of the residents. The home generally provides a much higher standard of living than can be maintained by an individual on a limited income, with full nursing and medical attendance in case of illness, for life.

Ward Manor, a nonsectarian home for aged men, women or couples is described. There is no admission fee and a resident's funds are his to administer during his life time, going to the home at his death. The 90 residents live in two houses with separate administrative and functional units, to maintain the "family" quality. Young persons from the camps and cottages on the property participate in the life of the Manor to keep a balance between age and youth. The few rules relate to promptness at meals and courtesies to each other. The author reminds nurses that they should be planning for the years ahead, and that homes for the aged may prove to be the wisest, if not the most pleasurable, answer to their future needs.

Rebeck, Anne H. "A Study of the Developments in Programs for the Care of the Aged." (With Emphasis on New York State and New York City) New York; New York State Department of Social Welfare, May 11, 1943. 141 pp. with bibliography.

This study discusses institutional care for the aged in New York in public and private homes for the aged, public assistance, old-age and survivors insurance, nursing and boarding home care, and other community programs in New York City, as evidenced for instance in provision for elderly persons in later projects of the New York City Housing Authority. The Tompkins Square project and the Millville, New Jersey colony are referred to. The need for recreation and for care for the chronically ill is emphasized. The writer urges State participation in the cost of county homes, an increase in occupational therapy, more privacy in homes for the aged, and the development of new cottage colonies. The State Department of Welfare should establish minimum standards for nursing homes and a system of licensing and inspection by the local welfare commissioner. More nursing homes are needed. The maximum payment for old-age assistance should be raised. The establishment of standards for inspection are also suggested for boarding homes, and experimentation agencies by private family in foster home care. The development of the use of volunteer workers and the establishment of housekeeping services for clients in need of such service are recommended as a permanent part of the program of the New York City Department of Welfare. The need of especially designed housing facilities for the aged is emphasized.

Symposium: "Should the Social Security Act be Amended to Allow the Payment of Public Assistance to Inmates of Public Institutions?" Public Welfare, Vol. 4, No. 2. February 1946, pp. 26-32.

A symposium by State and local welfare administrators who do not all agree on the need for public assistance to inmates of public institutions or on the soundness of the proposal. The discussions call attention to the fact that the leaders in social work "as recently as 15 years ago, had as one of their chief concerns the problem of the almshouse and the neglect and frequent abuse of many of its inmates." Now after 10 years of operation of the

Social Security Act an equally troublesome and potentially more dangerous problem has come to the front, "the commercial boarding house, rest home, convalescent home or such other term as may be applied; most of these have standards far below the standards formerly in operation in any one of our public homes, especially in regard to fire protection, nursing service, sanitation, control of narcotics and drugs, and the general dignity with which inmates are treated." Some administrators insist that the fault lies in the lack of facilities for the proper housing and treatment of those needing institutional care, not in the fact that old-age assistance payments cannot be made to inmates of public institutions. They believe that the perpetuation of the "poorhouse" would be a backward step. The permanently incapacitated and chronic sick should be a fourth category to receive Federal funds. Some county homes have been utilized for the infirm and chronically ill, for blind assistance and old-age assistance recipients, with costs met entirely from State funds. Amendment to the Federal Act to permit matching of grants to such individuals should stimulate the development of more facilities of this type. On the other hand, sentiment exists that the principle of placing the citizens of a democracy in a county home simply because they are old and poor is unprogressive.

Taft, Walbridge. "Cases are People." Better Times April 5, 1946, pp. 5-8.

The chairman of the Advisory Board of the Salvation Army of New York City describes the Salvation Army's facilities for older women in New York. The Emergency Lodge, 414 West Twenty-second Street, New York City, opened in 1931; it has temporary living quarters for 68 women and 5 infants. Lodgings are 25¢ to 50¢ a night; meals are 15¢ to 30¢ each. There are private lockers for each guest, baths, a well-equipped laundry, a living room with easy chairs, day beds, magazines, games, radio, and a pleasant garden.

The largest group using the lodge has always been domestic service workers for whom loss of a job often means losing a home. Some clients, their lives a series of crises, had returned more than twenty times. When the lodge started out 14 percent of the clients were over 60 years of age in contrast with 33 1/3 percent in 1946.

There are also the Salvation Army Lodging House for Women on Rivington Street, and the Working Women's Home. Case workers are or are to be installed in all of these institutions to help women solve their problems. Surveys are to be made in the other two lodges after the one in the Twenty-second Street lodge is completed.

United States Department of Commerce, Bureau of the Census, 16th census of the United States, 1940. Population. Special Report on Institutional Population, 14 Years and Over. 1943.

Data on institutional population by age, sex, color, marital status, type of institution.

United States Department of Labor, Bureau of Labor Statistics, "Effect of Social Security Program on Almshouses" Monthly Labor Review. Vol. 47, No. 3, September 1938, pp. 518-524.

Between March 1, 1937 and November 15, 1937, 944 persons were discharged from almshouses in Tennessee, of these 34 percent received old-age assistance, 1 percent, blind assistance and 6 percent children's aid. Seven hundred and sixty-two others still in institutions were eligible for assistance. In other States, the returns indicated, the effect was greatest where the almshouses cared for various categories of need besides able-bodied indigents. Where the almshouses had become infirmaries caring for chronic cases, the social security program had little effect and in other instances hastened the trend toward this specialized use.

United States Department of Labor, Bureau of Labor Statistics. "Homes for the Aged in the United States." Bulletin 677, 1941. 126 pp.

This bulletin lists and classifies homes of various types for the aged and indicates the financial conditions for admission.

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III. CONDITIONS AND INDICATED NEEDS FOR HOUSING FOR THE AGED IN OTHER COUNTRIES

Aronovici, Dr. Carol. "How Europe is Meeting the Housing Needs of the Aged." Social Security in the United States, 1939. 12th National Conference on Social Security, American Association for Social Security, New York. pp. 16-19.

Aronovici speaks favorably of Italian provision for the aged which keeps the family together. The aged are an integral part of the family "whether they tend a baby, carry straw from the farm, or tend to the cow or pigs," etc. They are generally not a burden on the family, with the result that there is much better care than where the aged have become institutionalized.

Sweden, where dwellings are compact, has developed special housing for the aged. Aged couples live together, do a certain amount of their own cooking, have a library and common rooms where they can meet and have social relationships.

In Germany, old people are largely institutionalized. In Frankfurt-am-Main, the home was more or less like a hotel; the old people had educational opportunities, lectures, recreational activities, etc.

The Belgian cottages in the city of Bruges are described. Old couples have single-family dwellings with little gardens, and receive pensions for food and clothing. At the other end of the city, old ladies live in cottages, about four in a cottage, doing lace work, receiving enough to take care of themselves until they have to be hospitalized.

In Russia, some aged are taken care of in institutions converted from old palaces.

Housing projects should set aside, for dependent aged, a reasonable proportion of all units; apartments should be built to be convenient, simple and easy to take care of, and possibly on one floor where the aged would not have to climb stairs. For those aged who can keep going, there should be facilities in a normal community.

International Federation for Housing and Town Planning Congress. Housing for Special Groups. 17th Congress, Stockholm, 1939.

This report is the result of a questionnaire sent to housing officials in Germany, Belgium, Denmark, United States, France, Great Britain, Holland, Italy, Latvia, Norway, Roumania, Sweden and Switzerland. It is illustrated by architects' plans and by photographs of dwellings for special categories of which "Old people no longer in employment" as one category.

The illustrations indicate that the type and quality of housing for the aged vary greatly and much of it is centuries old. The report contains summarized descriptions of the housing for old people in the various countries listed above.

Ramsey, Dorothea (Secretary to the National Old Peoples' Welfare Committee). Formation of Housing Socieites for the Aged. National Council of Social Services, Inc., 26 Bedford Square, London, February 1945.

This processed memorandum urges the formation of housing societies, which would issue shares and loans, to provide housing for the aged. It says that housing the aged is very much in the news and that housing societies would get a great deal of support.

Reddaway, W. B. The Economics of a Declining Population. New York. The Macmillan Company 1939. 270 pp. All rights reserved.

This economic analysis of the problems of an aging population touches at several points on the effect on housing and is valuable on account of the long range view taken. He concludes that the nation would very seldom suffer from a rise in the amount of house room available per capita. The owners may suffer a loss in income for they will have to sell the services of their property more cheaply. But the community will generally not regret it, for the fall in rents will lead people to increase their consumption of living accommodations, to the benefit of their real income. If there is more housing than any one will pay rent for, it can simply decay. Other elements that will continue to make for investment in new housing or in change in demand is that some people prefer a different type of construction and shortage of these types would cause outlays in fresh housing. With larger incomes, people who have doubled up will seek houses for themselves and lodgers or mothers-in-law would move out. As families become smaller, a shift will occur to small, well-fitted units; the increase in the proportion of the elderly will cause such a shift, and a small shift would have a large effect on building.

A good deal of labor and materials must be applied to existing housing not only in painting and repairs and eventual renewal but in housework. Houses can be made more durable and have more labor-saving devices by increasing the initial outlay which would be an attractive investment if rate of interest is low. If capital is cheap and abundant, cost will fall and people will get more for their money in housing.

Samson, Emily D. Old Age in the New World. The Old People's Welfare Committee of the National Council of Social Service. London 1944. 60 pp.

Satisfactory dwellings would enable a large proportion of old people to lead independent lives in their own homes up to an advanced age. The author considers how old people are housed at present and the need for further provision. Floor plans of blocks of flats for old people in a rehousing scheme are illustrated. The booklet takes into consideration the specisl needs of the elderly and methods of meeting them. Many photographs illustrate the points made.

Scottish Housing Advisory Committee. Report on Rehousing of Aged Persons. Edinburgh: His Majesty's Stationery Office. Cond. No. 5798. 1938. 38 pp.

The Department of Health faced with overcrowding and the urgent need for large houses, had not approved the erection of additional two-room dwellings for subsidy purposes. The Housing Advisory Committee surveyed the need for rehousing of aged persons, and in particular, aged married couples, living under unsanitary or overcrowded conditions. The Committee advised modification of the policy in particular districts where continued occupation of unfit dwellings delays demolition and rehousing; it recommended (1) preference to aged persons for suitably situated two-room houses as are vacated; (2) erection of new accommodations specially designed for the use of aged persons on the basis of ascertained need; (3) for two persons, accommodations should consist of two rooms with kitchen, bath room, hot water systems, and coal-cellar; (4) for aged persons living alone self-contained provision should be made as in (3) with either one room or two; (5) hostels should be approved according to a model plan for single aged, flexibly adjusted to localities and needs; (6) single story bungalows, cottages or terraces are the most suitable types of housing, and two stories should be the maximum.

Shaburova, Maria Aleksandroona. People's Commissar of Social Maintenance of the R.S.F.S.R. How Old Age is Provided For in the U.S.S.R. 1939. Typed copy in Social Security Administration Library. 5 pp.

The writer describes the Soviet pension system for the old and incapacitated but stresses the huge sums spent on various services: treatment in sanatoriums and health resorts, homes for the incapacitated and other benefits. The palatial mansions formerly belonging to the nobility are used for homes for the aged. Many have farms where the inmates engage in bee-keeping,

poultry farming, market-gardening and similar work. Provision is made for entertainment and education. Hospitals have been organized for them. Mutual aid societies in collective farms organize and maintain rest homes for their aged. These homes have farms attached. Apparently the aged are isolated in these homes from other groups in the population.

IV. ADVANCES IN HOUSING FOR THE AGED, IN THE UNITED STATES, WITH STANDARDS AND RECOMMENDATIONS

NON-INSTITUTIONAL HOUSING

American Public Health Association. Housing for Health. New York, 1941. 221 pp.

The Committee on Hygiene has formulated thirty basic principles which should be observed to obtain healthful housing. Each of these principles is discussed in considerable detail (pp. 184-216) under the classifications of Fundamental Physiological Needs, Fundamental Psychological Needs, Protection against Contagion, Protection against Accidents. Each section states the principle to be discussed, its specific requirements, and methods of attainment. Though the material relates to all housing, not specifically to housing for the elderly person, there is reference here and there to their needs, and to the importance of planning on the basis of the characteristics of the population to be served, including age.

Better Times, "Apartment House for Aged Persons." New York, September 28, 1945.

The second apartment house with independent living arrangements for aged persons is planned by the Home for the Aged and Infirm Hebrews. Fifty percent of the costs of operation will be met by rentals, the balance by the Home. The building has nine stories and will accommodate 130 persons. On every two floors will be a common dining room, lounge, and kitchen facilities. Cooking and maid services will be furnished and the general medical and recreational resources will be available to residents.

Brunot, Helen Hardy. Old Age in New York City. New York. Welfare Council. 1943. 128 pp.

The Welfare Council of New York City, in a study of applications for information by or on behalf of aged persons, notes an increasing demand for wider variety in housing and living arrangements for them. In addition to family homes, rooming, and congregate homes, great need exists for semi-protected living, such as private boarding homes, small apartments in public or private developments, and cooperative units. Some homes for the

aged are making a contribution to older persons outside their walls but in the neighborhood by inviting them to social affairs in the Home, or to have meals in the Home and to make use of the recreational and medical services of the Home. Another Home has established nearby a subsidized boarding house for aged persons.

Close, Kathryn. "Old Folks at Home." Survey Midmonthly. Vol. 77, No. 8. August 1941, pp. 237-238.

Refers to Lawrence K. Frank's suggestion of towns for old folks, in a mild climate, and the wide response; it selects the South near TVA. Geriatrics could be developed. The article stresses community services.

"Cooperative Residence Club for Refugees in New York City." Better Times, April 12, 1945, p. 4

The rates in this cooperative club for refugees are low and the club has a long waiting list. Increased living costs, however, forced an increase in the charges in the third year of operation. The elderly residents desire to expand the facilities in order to take care of more aged refugees.

Council of Social Agencies, Chicago. Minimum Standards for Homes for the Aged. Committee on Standards for Homes for the Aged. Section on Care of the Aged. Mary Thompson, Executive Secretary. February 21, 1938. Mimeographed.

Does not include standards for medical care or diet. It includes requirements for licensing by the Board of Health and approval by the Building and Fire Department of the political subdivision in which the home is located. It has rather detailed but brief specifications for heating and ventilation, bedrooms, bathrooms, lavoratories and toilets, living rooms, dining rooms, telephone switchboard and facilities for the aged, store rooms, porters' closets, kitchen, sewing rooms, laundry, work room for the janitor, carpenter and handyman, storerooms for food and supplies, halls, floors, windows, doors, and elevators.

The standards for personnel indicate one employee for each eight residents is required, and more if more than one-third of the residents are chronically ill. The specific services to be given are listed. Rules and regulations as to visiting hours, absence, rest period, work, and provision for personal expenses are suggested. Desirable recreational activities and facilities and essential records are covered.

Cowgill, Donald O. Mobile Homes, A Study of Trailer Life. Washington, D.C. American Council on Public Affairs. 1941. 41 pp.

This pamphlet discusses the use of trailers as homes for aged people who have a small income and are able to get around and take care of themselves. For retired couples, one large group of trailerites, the cares of the world are largely eliminated and life is still interesting and dynamic. The trailer combines comfort at low cost and travel opportunities.

Fisher, Gladys. Community Responsibility for the Aged. New York State Conference of Social Work Report. 1943. p. 116. This report refers to housing for the aged in New York City (Tompkins Square and Fort Greene), New Jersey, and Oregon.

Galpern, Marie and Roncoli, Fannie. "Boarding Homes for the Aged in New York City." Public Welfare, Vol. 4. No. 2. February 1946. pp. 32-35.

The Social Service Division of the City of New York Department of Welfare made a study of 62 boarding homes in 60 of which clients resided. The residents were receiving satisfactory service. No contact was made with individual clients to learn their opinions. In 50 of the 60 homes visited, standards of housekeeping were satisfactory. The dietary standards generally prevailing were considered satisfactory except in 10 percent of the homes. The monthly rate for lodgers averaged $16.70; the charge for boarders was not cited. Usually the boarder gave his check to the landlady and received back a personal allowance. The study recommended expanded use of such boarding homes for clients and integration with work with other housing accommodations for the aged.

Gumpert, Martin, M. D. You Are Younger Than You Think. New York. Duell Sloans and Pearce. 1944. 244 pp.

Under the title "Experiments in Rehabilitation," Dr. Gumpert devotes a section of his book to William H. Mathews' work for the aged. He refers to him as the first person in this country to take care of aged people in ways other than burying them alive in asylums. He describes Sunset Lodge, Ward Manor, and The Tompkins Square Apartment House, a five-story building on the lower East Side of New York City, facing an open square. Completely furnished single rooms rent for $20 a month, double rooms for $35, including light, gas, heat, refrigeration and laundry, running water and bath. The tenants include retired teachers, artists, writers, nurses, and accountants. The house offers happiness and protection to only a small number of elderly people, but is significant as a non-profit housing venture.

Kraus, Hertha. "The Housing Problems of Older People." Social Adjustment in Old Age, A Research Planning Report. New York, Social Science Research Council. pp. 53-63.

Research is recommended relating to the need of older persons for housing facilities and to kinds of services needed in connection with different types of housing. Also recommended is an evaluation of prevailing services. The real preferences of older persons should be studied, at the point of application for old age benefits and assistance; when hospital patients are ready for discharge; when application is made for admission to a home for the aged. Study of the housing preferences of selected cultural groups and of selected occupational groups is proposed.

Lansing, Catharine F. Studies of Community Planning in Terms of the Span of Life. New York: New York City Housing Authority 1937. 44 pp.

The author opposes segregation of the aged and suggests that the Housing Authority provide housing for those able to get about. She summarizes architectural requirements for housing for the aged: outlook over street scenes, maximum sunlight, no or few stairs, a kitchen dining room and bed-living room, minimizing of draughts, no raised door sills, accessible dish cupboards and grab handles by bath tubs. She suggests that the Department of Hospitals develop bedside care for aged; private or public nurse service should be available on call for temporary illness; and an interior telephone service be available for emergencies.

Lawton, George, "Not Quite Heaven." Saturday Evening Post, Philadelphia, May 9, 1942, pp. 18, 61-62.

This article, illustrated in color, describes a small colony of cottages (20' x 20') designed for aged persons on low incomes. The Federal Government provided $25,000 for building the cottages and $5,000 additional for the gas, lighting and sewer systems. The town of Millville gave a tax-exempt tract of 300 acres of sandy soil covered by scrub pine. The colony is incorporated and Millville appoints a board of directors. The residents are 22 men and women, whose average age is 76. The assembly room has a great fireplace and over the hearth are the words: "Dedicated to those in the Twilight of Life, who seek Peace, Harmony and Contentment." Each cottage contains a bedroom, livingroom, full-sized kitchen, with range, running water and icebox, a complete bathroom and a clothes closet. Each cottage has a tiny porch. The lots are 100' x 120' with a space of 75 feet between the cottages. Rent is $5 a month for a single man or woman, $7 for couple, including gas and electricity. When a house is left unoccupied, it becomes the property of the colony once again. Any person of good character over 65 years of age is eligible. The person who planned and built the colony hopes "to see the day" when there are 100 cottages and a dispensary. There is a small library. (Rent has since been raised to $6 and $8 a month.)

Matthews, William H. Adventures in Giving. Dodd, Mead and Company. 1939 XX. plus 252 pp.

This volume is the autobiography of an executive in the field of social service, largely in the Association for Improving the Condition of the Poor later the Community Service Society. Several housing developments for the aged were launched by the author. The first (1916) was Sunset Lodge, a summer outing place for old folks on a 6-acre fruit farm at North Germantown, Columbia County, New York. This was destroyed by fire. A new and much larger Sunset Lodge was built on the Hudson River on a commanding hilltop of the Ward Manor Estate, in the name of a donor, William P. Ward and his mother, as a memorial to Robert Boyd Ward. This home for the aged (1926) resulted from a small book written about Sunset Lodge. A quarter of a million dollars was contributed by Henry G. Barbey for an apartment house for old people physically able and desirous of continuing on in their own homes. Rents in this house, Tompkins Square Apartments, cover maintenance cost, not including interest on the capital invested or depreciation and are about 25 percent lower than in similar houses. The house contains 60 units of one or two rooms with connecting kitchen and bath facilities. There is a small cafeteria and limited general oversight of the needs of tenants.

The book contains also a comment on the historical development of voluntary homes and "their restrictions as to eligibility." It refers to a subsidized boarding home, conducted by the Home for Aged and Infirm Hebrews, which has apartments for 12 or 15 old people, with meals served in a dining room and with access to the medical and nursing services, the occupational therapy and the library of the Home itself. This is pointed to as an indication of a growing awareness that services of homes need not necessarily be confined to the home itself but may be extended to include those nearby.

"Motion Picture Country House." The Architectural Forum, November 1942, pp. 37-48. Lavishly illustrated.

The Motion Picture Relief Fund came into being to provide for indigent members of the motion picture industry. From the proceeds of a weekly radio program amounting to $10,000 a week, funds were raised for homes for aged workers. The project lies on 41 beautiful acres. The plan provides accommodations for 164 people in small bungalow residences of 2, 4 and 6 units. Central buildings are a lounge, library, commissary and administration unit. The medical building contains 10 private wards and utility units. A 450-seat theater is planned.

The cottages resemble a private apartment rather than a dormitory bedroom. Each has a private bath, living room and sleeping alcove. The buildings are modest but very well landscaped in true California style to give "a somewhat theatrical appearance."

"National Committee on Homemaker Service." New York, Better Times. February 22, 1946.

Thirty representatives of agencies operating housekeeper services in 15 cities conferred. The group stressed the importance of making homemaker services available to the chronically ill and to the aged as well as to the family with children. The programs of voluntary welfare agencies were pronounced insufficient to meet the needs of the communities for such services. Mrs. Elinor McCabe, director of the homemaker service for the Boston Provident Association, serves as chairman of the national committee.

Rheinstein, Hon. Alfred, Chr. N.Y.C. Housing Authority. "The Housing Requirements of the Aged." "Social Security in the U.S. 1939." A record of the 12th National Conference on Social Security, New York City, April 14 and 15, 1939. American Association for Social Security, Inc., New York. pp. 13-15.

The Chairman of the New York City Housing Authority emphasizes that public housing should accommodate a cross section of the population in which the aged normally belong. He refers to eight apartments in Harlem River Houses tenanted by old couples who are receiving old-age assistance. He regards the housing of a normal number of aged in low-rent projects as wholesome to the tenants as a whole, economical for the community, and fortunate for the aged.

"Some Social and Personal Problems after 65." Social Security, Vol. 14, No. 4, April 1940. pp. 1-25.

One of the sessions of the 13th Annual National Conference of the American Association for Social Security considers the need for housing for the aged and experiments to meet such need. The background of the problem is outlined by Professor Herta Kraus of Bryn Mawr College, who points out that 20 percent of old-age assistance recipients live alone; thus constituting a new housing consumer group with limited but known income of a permanent nature. Their housing and other needs should be met by diversified and increased community resources.

Nelson B. Neff, supervisor of the Washington State Division of Old-Age Assistance describes cooperative club house projects in his State under the sponsorship of various organizations. These projects provide for about 200 aged persons who join in supporting their cooperative residence and in governing it.

The experiment at Roosevelt Park, Millville, New Jersey, is described by Mrs. E. M. Morrison, director of the project.

Miss Ollie A. Randall, of the New York City Community Service Society and Mrs. Willard Levi, Social Service Director of the Home for Aged and Infirm Hebrews of New York City describe projects under the auspices of their agencies.

Hugh Jackson, Director of Public Assistance, New York City Department of Welfare, emphasizes the need of flexibility and specialization in private homes for the aged which should care for (1) those who need medical or other supervision, (2) those who psychologically need congregate living, and (3) those who desire companionship. Under existing social legislation, public agencies cannot meet all the needs of the aged.

INSTITUTIONAL HOUSING

Brunot, Helen Hardy. Old Age in New York City. Prepared from records of the Bureau for the Aged of the Welfare Council of New York City. An analysis of problems based on 3106 requests for information. 1943. 128 pp.

The plan to enter a voluntary home for the aged seemed to the Bureau impracticable in at least 85 percent of the cases in which it was proposed, on account of health or financial barriers to admission. Where the main problem is financial, the author suggests as a solution modification of the budgeting practices of the public assistance agency.

A congregate home was considered appropriate for some of the cases in which unmodifiable living standards were such that they could probably never be met by a grant from a public agency.

Evans, Louis. "Providing Institutional Care for Recipients of Public Assistance." Public Welfare, Vol. 3, No. 11, November 1945. pp. 248-253.

This article analyzes from the 1940 Census on persons in homes for the aged; the geographic distribution of homes for the aged according to the 1934 study of the United States Bureau of Labor Statistics and concludes that in many States and localities there are not effective resources for the care of the needy chronically ill and incapacitated aged. The mean population of almshouses is about 40 and more than half have less than 25; most are too small to provide efficient and economical specialized care for the chronically ill at an acceptable standard, and fall far short of meeting the need. Standards have been difficult to control in private institutions. The author cites cases in which the Federal Government has employed methods of direct care in Federal institutions, direct board payments to private and public institutions, and reimbursements to State agencies of amounts paid to public and private institutions on behalf of Federal charges. Veterans pensions and social insurance benefits may be used to purchase care in

public institutions. In some States efforts have been made to lease almshouses to private operators so that inmates might become eligible to public assistance grants. The whole article points up the need to make recipients of public assistance eligible to care in public institutions in the interest of adequacy of care for the ill. It is estimated that removal of the bars would add only about 2 percent to assistance rolls.

Federal Security Agency, Social Security Board. Sheltered Care and Home Services for Public Assistance Recipients. Public Assistance Report No. 5, 1944. 149 pp.

Chapter 2 relates to the experience of six agencies studied. The discussion takes up the role of State agencies (public homes, mental hospitals, and others such as hospital for the chronically ill), local agencies and institutional residents (requirements, characteristics of recipients and continuing relationship after leaving institutions), and local agency arrangements for sheltered care. Conclusions recognize need of comprehensive study of care now provided by public homes, the precise need of inmates, and methods for extending and improving such care; advocate serious consideration by all levels of government of their responsibility; indicate that current interpretation of the law can be liberalized to permit use of institutions for recipients of public assistance on a temporary basis, without arbitrary time limits; and that an individual has the right to apply for public assistance even though an inmate of an institution and to enter or leave an institution.

Falkoff, Joseph P. "Community Planning for Our Aging Population." The Councillor, Quarterly Publication of Baltimore Council of Social Agencies. Vol. 10, No. 4, December 1945, pp. 3-12.

The Executive Director of Levindale Hebrew Home and Infirmary sets out the needs of the aged of today, much of it as related to shelter. Among the essentials of a modern program for the aged is listed and briefly discussed the development of special resources, such as boarding homes and nursing homes; in some cases for those who remain in their own homes, visiting housekeeper service is essential. He discusses the characteristics desirable in homes for the aged and the care of the chronically ill in the general hospital and in their own homes. Home care, he notes, requires clinics, externe service, visiting nurse service and vocational retraining. He urges leaders to plan at this time, while funds are available, and to organize a comprehensive and adequate plan for the care of the aged and chronically ill in Baltimore.

Hilliard, Raymond M. "The Development of County Homes for Care of the Chronically Ill." Public Welfare, Vol. 3, No. 12, December 1945. pp. 266-269.

The Public Aid Director of the Illinois Public Aid Commission discusses the effect of old-age assistance on county homes in Illinois. Illinois assumed that the program would completely depopulate the almshouses. The experience of the first decade proved this assumption to be a fallacy. In many communities, the only available facility for care of the chronically ill is a county institution which in many cases offers nursing and medical service superior to that in private nursing homes.

The prevalence of chronic illness among recipients of public assistance, and the need of voluntary hospitals and other institutions for convalescent care facilities induced the county governments to convert the plants of the county institutions into nursing homes and infirmaries for the chronically ill. In the fall of 1944, the Illinois Public Aid Commission agreed to pay in excess of $40 per month—the Federal limitation on matching—to purchase care for old-age assistance recipients in private nursing homes. In June 1945, the State passed legislation enabling the counties to care for ill persons in county homes, both those who can pay and those who cannot but receive public aid. Instead of 'poor houses," the law designates these as 'county homes for the destitute, infirm, or chronically ill," removing from them the stigma of pauperism.

Facilities of these county homes will be geared in with and related to private nursing homes and hospital facilities in the various areas of the State, and the patient will be placed in the type of home or hospital which he requires. The State Commission has authority to set standards in homes or institutions in which recipients of public aid receive care, that is, most of the county homes. The article includes the minimum standards prescribed in respect to fire and sanitary hazards, medical and nursing care, physical arrangements, cost of care, and procedure (of public officials).

Margolies, Fannie M. Some Problems of Giving Old-Age Assistance to Guests in Private Homes for the Aged. Welfare Council of New York City, April 1938.

This paper, read at the New York State Conference on Social Work, New York City, October 1937, is published in a collection of papers on Community Care of the Aged given at that conference. It discusses the contractual relationship with private homes for the aged and its implications if the aged person disobeys the rules—which may be intolerable to some—if applications are not approved by the home, if applicants are chronically ill, and what amounts are paid to the home. Cooperation between the Department of Public Welfare and the private home may become increasingly helpful to both by means of adjustments made in rules for eligibility, by interchange of information, by cooperation in care of old people and in interpretation of the respective services of each.

Rebeck, Anne H. A Study of the Levelopments in Programs for the Care of the Aged (with emphasis on New York State and New York City). Albany, New York. New York State Department of Social Welfare, May 1, 1943. 141 pp.

The author, the Assistant Director of Public Assistance in the New York City area office, emphasizes the need of recognizing the increasing proportion of aged persons in the population and points to the work done by New York State on behalf of the aged. A chapter is devoted to each of the following topics among others: Public homes for the aged, private homes for the aged, and nursing and boarding home care. The public homes are discussed in some detail by name; the private homes are described as Home A, B, C, etc., by types.

Stern, Leon Thomas. Sixty-Five and Over. Philadelphia Yearly Meeting, 1945. 34 pp.

The Philadelphia Yearly Meeting of Friends made a study of the needs of aged friends in the area. The Yearly Meeting, it was suggested, should assume responsibility for six types of services as follows: (1) Uniting with others in the community for the development of scientific methods for prevention of disease and promotion of good health among the aged in the spirit and with the zeal with which we participated in the conquest of the diseases of childhood and poverty; (2) seeing to it that our counties and our States have the facilities for medical treatment, nursing and hospital service and special institutions required for older people who have become acutely or chronically ill; (3) establishing contact with the public agencies for the aged, such as, the old-age assistance and insurance services in order to assure a level of performance that will best meet the present and future problems and requirements of older people; (4) keeping in touch with public institutions in order that good standards of treatment may be observed and to see that those in them are not neglected; (5) encouraging good modern standards and progressive methods in private institutions and boarding homes for the aged; (6) having an interest in and concern for the conduct of boarding and nursing homes operated for profit in order that aged persons living in them may not be neglected or exploited.

Urban, W. J. "Homes for the Aged - Wisconsin." Public Welfare, Wisconsin Department of Public Welfare, Madison, January 1946, pp. 24-28.

The modern needs of county homes for the aged are described.

Welfare Council of New York City. Section on the Care of the Aged, Minimum Standards Committee. Suggested Standards for Homes for the Aged. February 1937.

This publication contains a summary of the laws under which homes for the aged operate in New York State and sections on location, planning and construction, equipment, furnishings, personnel, rules and regulations, dietary, recreation, records, entrance requirements and fees, medical and nursing care, burial per capita cost, application blank and suggestions for groups planning to establish homes for the aged.

Great stress is laid on medical care because physical infirmity is one of the fundamental reasons for applicants seeking refuge in an institutional home.

Wood, B. G. "Function of County Home in Care of Public Dependents." Public Welfare. Wisconsin Department of Public Welfare, Madison. January 1946. pp. 7-11.

This article analyses a study, by the Division of Public Assistance, of the population of city and county homes of Wisconsin, numbering 2,655 in the spring of 1944. The homes supply care for persons needing institutionalization for whom no specialized institutions have been established. There are no public institutions primarily for the aged as such; hence, 81 percent of the inmates in city and county homes are above the age of 60 years, a large number of whom have chronic disablements and nonviolent mental disorders. Institutions originally established for the general care of the poor remain in existence for the purpose primarily of providing care for the aged and chronically ill, though not equipped for it. Officials are attempting to obtain facilities better adapted to the care of the ill and incapacitated old people. Public assistance administrators seek more adequate boarding and nursing home facilities.

V. ADVANCES IN HOUSING FOR THE AGED, WITH RECOMMENDATIONS AND STANDARDS, IN OTHER COUNTRIES

NON-INSTITUTIONAL

Denby, Elizabeth. "Europe Rehoused." London. Geo. Allen & Unwin, Ltd., 1938. pp. 55-56.

This article describes large communal homes in Stockholm, Sweden, designed primarily for people with old-age pensions. Persons with private incomes are also taken and all are treated alike. "Imaginative treatment is given by the State to the old." The developments are small houses with rooms for 1 or 2 pensioners, the whole planned to look like a Swedish village. The main thought was that the homes should be built so that the aged would feel themselves at home, as if they were living in a small place of their own.

"Housing of Aged People. Rotherham's Pioneer Municipal Project: Provision of Recreation Rooms." The Municipal Review. London. Vol. 8, No. 86, February 1937.

This unsigned article notes that the county borough of Rotherham was among the earliest local authorities to make provision for aged persons. The design of three-room bungalows for the aged originated in Durham which provided 54 of them for aged miners under the Housing Act of 1930. The types, elevations and roofings are varied for effect. The Rotherham project contains 64 bugalows and a recreation room. The site is close to the shopping center and omnibus terminus but there is no through traffic. The recreation room is used under the guidance of the tenants for socials, concerts and other activities. Each of the bungalows has living room, bedroom, and combined scullery and bathroom. Applicants are 65 years or over and the total income must not exceed 30s per week. Preference is given to aged couples. Size and ratio are cited.

International Federation for Housing and Town Planning Congress. 17th Congress. Housing for Special Groups. Stockholm, 1939.

Many of the dwellings for the aged are large buildings consisting of a single room with bed, bath room facilities being located along the corridors.

Danish dwellings consist of 1 room, with alcoves and with utilities, either a shower bath to each dwelling or a bath room to each 12 dwellings in the communal old-age institutions of which there were 410 in 1939. These are in charge of and are built at the cost of local authorities.

The British house old people in the 41,620 dwellings of the one-bedroom type in the more than a million dwellings built, with subsidy mostly, between 1919 and 1938. Nearly half the Local Authorities of England and Wales have provided some houses for old people. Nearly all are let to elderly couples; if the husband dies, the widow is usually allowed to remain. Few authorities let to single people. In Scotland, small dwellings made up 17 percent of new houses in 60 percent of the Scottish authorities. Great Britain has thousands of almshouses many of them centuries old. Cottages are free of rent and in some cases the aged are given an allowance of money, coal or clothing. They are for married couples, some for men, some for widows and spinsters. There are also 4 great Housing Trusts which house 50,000 of London's poor with many one or two-room flats chiefly let to old people. The Guinness Trust flat at Loughborough (illustrated) contains a bedroom, bathroom, kitchen and sitting room opening out on to a balcony. Housing societies--of which 135 belong to the National Federation of Housing Societies--let at low rates. Some build entirely for the old. Each housing estate "should include dwellings for the old;" in Britain, these usually take the form of one-storey cottages in country districts, and flats in town. The old folks lay stress on being near the shops, churches and bus routes. They prefer not to be segregated in colonies, but to live among younger families, in a normal environment. "Most old people prefer to pay a rent, but appreciate a low one." Some rents are cited.

Holland has various kinds of homes for the aged, the better situated, for the lower income class, for women, for men, for married couples, for the healthy aged, as well as for those needing care, some with community kitchens, some with individual cooking facilities. For pensioners, the expenses are partly paid by the State. In general the homes have two storeys; the rooms for the staff are on the top floor, and community rooms on street level. Urban homes have elevators. The so-called "Hofjes" (14th century) are small houses around a square or garden. They are purchased. In recent times, State subsidies enable construction of small houses with a small living room, bedroom and kitchen, and a second bedroom if necessary. These are for single women or married couples; age of admission, 60. The rents can be kept low if such houses are erected with other workers' homes.

Keppler, Arie. "Housing in the Netherlands." The Annals of the American Academy of Political and Social Science, Vol. 190, March 1937, pp. 205-213.

The Director of Housing, Amsterdam, discusses the general situation in housing, municipal management of dwellings in Amsterdam, and financial arrangements. In discussing the rehousing of the people from slum areas, after demolition of

their dwellings, he notes that special arrangements were made for aged couples and persons living by themselves: "Small dwellings consisting of one living room, one bedroom, and a scullery are built and let at the low rent of 3.50 guilders a week."

Lansing, Catharine F. "Studies of Community Planning in Terms of the Span of Life. New York City Housing Authority, 1937. 44 pp.

Many English developments provide for four major family types: (1) Young married couples, (2) couples with young children, (3) couples with older children, (4) the aged.

On the Godstone Estate built in 1935, the small flats for the old are located on the ground floor in the center of groups of five cottages built in a row. The bedrooms of the cottages on either side meet overhead.

In the City of Leeds, on new housing estates, 30 percent of the dwellings are planned as cottage flats for aging persons. Total number built or contracted for, 2,096.

Manchester has completed 939 aging person flats, and in London 95,978 dwellings of 1 and 2 rooms have been erected since World War I.

The Liverpool Housing Committee approved plans for a satellite town on 359 acres at Speke. For childless couples and single persons, three-story flats are planned. Rents are cited.

Hill, Margaret. "Homes for Old People: The Hornsey Experiment." Social Work, London, Vol. 1. No. 6. October 1940, pp. 335-339.

This article is a description of the financing, planning, furnishing and managing of a remodeled establishment as a home for the aged--a kind of hybrid between a residential hotel and a nursing home--the need for which had become apparent and was accentuated on the outbreak of war. The old people who are the more frail sleep in dormitories; the more vigorous have separate rooms which they dust, and they help with the housework. A voluntary committee supervises and advises the old people, thus giving contacts with the outside world. Twenty men and women seem to be the satisfactory number. The author considers that homes of this type supported by public funds where necessary and periodically inspected have great value and are "far cheaper to run than stereotyped institutions."

Hohman, Helen Fisher. Old Age in Sweden. A Program of Social Security. Washington. Federal Security Agency, Social Security Board, 1940. pp. 146-151.

Subsidized housing for old people developed because of the inadequacy of pensions. It sometimes removes the necessity for relief and it also lifts out of sub-standard housing many pensioners about one-third of whom are considered poorly housed. The estimate is quoted that from 15 to 28 percent of all persons over 60 in certain communes in industrial rural areas should be provided for by subsidized housing. The parish houses in Stockholm, developed by the clergy, are described; they are apartment houses accommodating about 2,000 old people. They have one room and kitchenette for one person or double rooms with kitchen for two persons. The rooms have running water. The rent, including heat, gas, and electricity, is 400 Kronor for one year or 450 to 700 Kronor for double rooms per year. The tenants provide the furniture and do their own housekeeping. Local developments by other communities are noted, and the financing is described.

International Federation for Housing and Town Planning Congress. 17th Congress. Housing for Special Groups. Stockholm, 1939.

This report has a section on housing for aged persons in various countries, made up from questionnaires. The British specialist recommends that institutions or homes for the old should be built in each town and in each district of large cities, and should be as small as possible in order to be homey and informal. Central heating is desirable; some institutions have individual plots.

National Old People's Welfare Committee. The Setting Up of Voluntary Homes for the Aged. Issued by the National Old People's Welfare Committee (in association with the National Council of Social Service) ... in conjunction with the National federation of housing societies. London, 1945. 6 pp.

This outline of recommendations of the Committee covers: (1) general requirements for voluntary homes; (2) estimate of annual income and expenditure for an old people's hostel for 32 residents (based on costs in 1942-43); and (3) organization and constitutional procedure for the formation of a voluntary housing society.

The administration of homes for the aged by such voluntary committees is referred to as "a simple, practical proposition."

Plymouth Council of Social Welfare. Old People's Welfare in Plymouth. Plymouth, England, 1944.

This pamphlet describes a hostel for 30 to 34 aged persons at a charge of 25 s 9 d per week per person. The service is rendered by a matron, an assistant matron, a cook, and 3 maids. The hostel cannot take or retain the chronic sick or the seriously ill. Admission requirements relate to

health, cleanliness, temperament. No irksome rules obtain but punctuality at meals is required. The applicants are two men to one woman showing a greater need for hostels for men.

Rackstraw, Marjorie. "An Old People's Hostel." Social Work. A Quarterly Review of Family Case Work. London, January, 1944. pp. 12-16.

Among the homeless arriving in Hampstead in 1941 during the raids over London, the old people were the biggest problem. A workable pleasant house with a garden was found which would take 30 residents. The London Hostels Association, acting for the Ministry of Health, bore the cost of equipment. Each resident was given old-age pensions of 30 s a week of which he paid 26 s 6 d to the hostel. Later, he paid only 25 s and retained 5 s. On this basis the Hostel has run without financial strain. The Association later turned over the work to the London County Council which made no change. Applications poured in, not only from those bombed out but those who live alone and cannot, because of failing eyesight or strength, look after themselves. The hostels should go on after the war. Plenty of experiment is still needed in different types of home to suit the various needs.

Samson, Emily D. Old Age in the New World. The Old People's Welfare Committee of the National Council of Social Service. 1944. 60 pp. London.

This illustrated booklet discusses in popular terms the technical aspects of providing for the special needs of old people in housing.

National Council of Social Service. Old People's Welfare Work for Local Committees. Issued by the Old People's Welfare Committee. London.

This mimeographed circular recommends the following activities by local volunteers: (1) Provision of visitors to lonely old people in their own homes as well as in hospitals and institutions. A leaflet of suggestions for visitors is available. Visits will reveal special needs and will lead to plans for meeting some of them. (2) Clubs and social activities for lonely old people. Visits will show how far they welcome clubs. Leaflet is available about setting up clubs. (3) Homes for the infirm not needing medical care but not able to look after themselves. Leaflet. (4) Letter writing to lonely old people. (5) Future planning for old people: Housing, medical care, nursing, etc. (6) Special facilities for meals if required, either in a communal dining room or by delivery in mobile canteen.

Matthews, Olive. Housing the Old. How to Meet the Great Need for Cottages and Flats for Older People, Married and Single. Third Edition, revised 1937.

Every well planned housing estate should contain a proportion of small dwellings specially built for older tenants and kept for them. When families get small and the parents old this plan will enable them to move to smaller quarters in the same place without breaking ties roughly. This releasing of larger houses is considered important. As many women live alone, housing societies as well as local authorities should provide housing for those women to whom society owes much.

Two elderly people living together can look after each other. It is recommended that more comforts can be provided on a small income if two sisters or two friends live in the same cottage, with only a small bedroom added to the space for one person.

For the infirm, some daily help can be given by a district nurse or a neighbor in their own homes at much less cost than in an institution. Plans are included for living room, 2 bedroom, kitchen, and bath flat and some with 4 bedrooms. One plan is included for two friends, living room, 2 bedrooms, kitchen, and bath. Plans for pensioners' cottages have living room, bedroom, kitchen and bath, living room, bed-recess, kitchen, and bath, and living room, 2 bedrooms, kitchen, and bath. The two-bedroom flats cover the same floor space as the one-bedroom flats.

Attention is paid also to equipment of such housing, such as an open fire for all, lighting, baths, cupboards, etc. On costly urban sites, a bathroom may be shared by several tenants if it has a penny in the slot meter for heating water.

Matthews, Olive. "The Technique of Housing the Old," with illustrations. Journal of the Royal Institute of British Architects. London. March 7, 1936. pp. 467-476.

The difficulty of housing old people arises from the fact that exceptionally small size and low building cost, to ensure low rents, must be combined with extra comfort and easy management. The factor of safety also needs special consideration. Examples are cited of trusts established for cottage flats, firms which provide cottages for their retired employees, and the 9 percent of rural district councils, 14 percent of urban and 31 percent of municipal corporations which have built especially for the old. Many are now considering the matter. Housing societies will make some provision not only for elderly couples but also for solitary older people, whose needs are rarely considered by public bodies. Little homes of their own are very urgently

needed by women workers of all classes, whose incomes are small and there is a great demand for more of the type provided by the United Women's Association at Hampstead and elsewhere. The proportion of old people's housing on any estate should not be less than 15 to 20 percent of the whole. In cities where rents are highest, it should probably be greater. It is important to make provision for the aged in all districts so they will not be forced to leave the neighborhood to which they have become attached. Two very important principles are low rent and light housework. But old people do not like to be segregated. If separate schemes are insisted on, quandrangles are to be avoided; a short row, a crescent, or three sides of a square will let tenants watch psssersby, a busy road, a sunny aspect, southerly or southwest, is important.

Five types suitable are: (1) The bed-sitting-room flat with kitchenette and bath; (2) Sitting room with bed-recess which has warmth in sleeping quarters (314 sq. ft. with bath room); (3) Sitting room and bedroom (340 sq. ft.); (4) Sitting room, bedroom and bed-recess; (5) Living room with 2 bedrooms, kitchen, and bath. Schemes should include two or three different types. Gardens, porches, sheltered doorways, entries, halls, back doors and equipment are discussed with illustrations. Gas or electric cookers and open fires are discussed.

Matthews, Olive. Housing for Old and Single People. The Institute of Housing, Inc., 620 Lionel Street, Birmingham, England. 1938. pp. 15.

This paper cites the increase in the proportion of local authorities that have built, or are building, houses for their old people. The need of suitable small houses for the aged to release larger houses for large families is emphasized. The proportion to be built for aged in housing estates is "at least 15 to 20 percent of dwellings in the small dwellings of the London boroughs. Lewisham built 54 percent in small dwellings, Westminster, 42 percent, Bermondary, 34 percent, and Southwark, 30 percent, whereas 11 boroughs have none at all. Authorities who begin to build for the old show a marked tendency to undertake more and more of it; it is the authorities who have not made a start who are difficult to convince, because they lack the evidence of waiting lists. The paper considers it a mistake to set definite rules limiting admission to persons over a certain age because some people grow old at an earlier age than others; some elderly couples may be ready for a smaller house when their children have left home though they are not 65 years of age; and single working women need homes in middle age as well as old age. Designs are similar to those in the author's paper, "Housing the Old."

Plymouth Council of Social Welfare. Old People's Welfare in Plymouth, Plymouth, England. 1944.

One section in this pamphlet is devoted to "A Home Help Service" to old-age pensioners in urgent need of it. The service operates under a committee of three and employs sixteen home helpers to attend about sixty-five cases each week. They work about 21 hours per week not including the time in getting from case to case. The pay is 1 s. 2 d. per hour. The Assistance Board grants 1 s. 3 d. per hour to the pensioner who pays the visitor collector each week. Cases of need are referred to committee by the Assistance Board, are learned about from information by various organizations, or come through personal application. As to the needed accommodations for these clients, the committee says: "For those elderly people who are able to look after themselves, with perhaps, some Home Help assistance, we should like to see self-contained flatlets provided. These should be labour saving and have facilities to make cooking, heating, and laundry work as light as possible."

Royal Institute of British Architects. "Housing." London. Undated.

This report was submitted in May 1944 by a housing group which met "some 50 times." The group had 20 members representing all branches of the profession.

The types which are considered best for the aged are (1) flats or bungalows as part of a housing estate, and a visitor is recommended to help the aged by keeping in touch with their problems; (2) hostels under supervision in which the aged would have a room to themselves but meals would be shared; (3) a grouping of self-contained dwellings, with reading rooms and a communal laundry if desired, a manager's house and a small sick bay.

Sayers, Elliseva. "Happier Homes for the Aged." Better Times, New York. November 9, 1945. p. 3

This article from England describes two housing experiments. A small group of aged persons are housed in Hampstead, London, in a home which is cooperatively managed, with a matron and small staff and a managing committee. The enterprise is self-supporting. Pensioner's aid in running the home.

At Plymouth, a similar hostel is run by the local Council of Social Service for 30 to 40 residents. It is not confined to old-age pensioners.

The National Old People's Welfare Committee endeavors to persuade local authorities to build houses suitable for the aged. It wants to see the huge institutions disappear, making way for smaller, friendly homes of from 15 to 30. Hostels

for such groups can be run at reasonable cost with the cooperation of the residents.

INSTITUTIONAL

Friends War Relief Service. Evaluation and Hostels sub-committee. Report on Old People's Homes. April 1943. Charles F. Carter et al. London.

The report covers: (1) The stages of old age and the organizations providing for them; (2) Finance; (3) Ages and types of people; (4) Restrictions; (5) Nursing care; (6) Staffing; (7) Occupations; (8) Entertainments and visitors; (9) Religious services; (10) Those leaving the Homes; (11) Links with relatives and friends; (12) Size of the Homes; (13) Buildings and equipment; and (14) Conclusion.

The technique developed has no essential difference in homes of FWRS from that used by other bodies; to some extent the Friends differ as to the desirable size of home and in staff relationships which are more friendly; the extent of case work and after-care is "probably unique."

_____, A Suggestion for the Use of the Nuffield Benefaction for Care and Comfort of Aged Persons. London. June 5, 1943.

In suggesting research, Mr. Charles F. Carter says: "The nature and size of the problems and issues involved, in the welfare of old people are only vaguely known. ... There is a general impression among social work agencies that there is a very great need for more Homes, but of what kind and in what proportions can only be surmised. There is need for a more definite idea of the housing requirements of old people. It should be possible to make surveys which would give a good idea of the number of single and married aged persons requiring accommodation and the kind of accommodation they need and would like, whether, for example, ground floor flats in a mixed community or bungalow cottages set apart from the younger members of the population, or Homes providing a community life. There is also need for research into the existing provision for recreation and occupations for old people, how far they are used, and consideration as to whether more facilities are needed and of what type. There is room for experiment in the most suitable types of occupation and the practice of occupational therapy. It is probable that the progress of physical disablement and mental collapse in old people might often at least be arrested by occupational therapy practised by home visitors to the great benefit, interest and happiness of old people."

He recommends that the National Council of Social Service after research undertake: (1) To run 2 or 3 model schemes

(homes or settlements) of dwellings for old people; to care for old people unable to live independently; to serve as a training ground for staffs of old people's homes; to provide ... first-hand experience in dealing with old people. He notes the great shortage of homes for mentally senile not in need of hospital attention, but who should not live alone or with their families. (2) To plan and set a standard for training for work in old people's homes and to assist trainees with grants, referring to Salvation Army's excellent tradition of care. The need for those who have specialized training is great. There should be a "finishing school" in total care of old people. Specialist's skills would be obtained elsewhere: i.e., nurse, occupational therapy, dietitian. (3) To collect and disburse information regarding volunteer and public residential and social service facilities for old people. (4) To help other bodies to establish homes by loans and grants. (5) To assist in other measures to promote care and comfort for aged persons.

_____, Memorandum on Old People in the Community. To the Trustees of the Nuffield Foundation. London. July 1943. 3 pp.

This service had experience in running over 30 wartime homes for elderly evacuees. Some of the conclusions seemed useful for peacetime care of the aged and the memorandum was sent to the Foundation and to the National Council of Social Service. The Trustees were urged to seek out experts in the field and help to coordinate their contributions. In view of the increasing size of the problem, anxiety was expressed lest the inadequate care of the aged in the past, the lack of information and failure to collect what exists may stimulate panic policies in the near future. Schemes for dealing with the problem now must be capable of easy expansion or contraction.

The principal conclusions are: (1) The solution must be integrated with other communal needs (housing) and with problems of other age groups (health, income, occupations, recreation). (2) Issues affecting aged must be considered as a whole: financial, social, and psychological as their interactions would cause a different result from separate investigations. (3) Finance--adequate old-age pensions as a right--is not the whole answer; outdoor care and supervision have a place. (4) Housing: More model schemes, either homes for the aged or settlements of old people's dwellings. (5) A general inquiry into the problems of the aged should be made against contemporary background. Relevant headings for research would be: (a) Industry: Why are age 65 set for men and age 60 for women for retirement? How many individual exceptions are there? What methods can be devised for retaining old people in full or part time production? This has an obvious bearing on the earning and division of the national income. (b) Housing: where do aged live and how

is their accommodation related to their physical needs and their psychological satisfactions; does too large a house detract from working capacity? If special arrangements are needed, how could they be made in relation to general housing? (c) Family and social life: How do aged live? Almshouses, with relatives, or in communal establishments. Why? How related to physical capacity and manner of spending their time? Burden on children? Any special social life or simply part of their neighborhood? How far is there a possibility of developing self-welfare work by old for the old? (d) Institutional care. Buildings improved or adapted according to enlightened social opinion: Are rules and regulations necessary or merely survivals? (e) Political and social responsibility: What are political implications of more aged in a democratic community which does so much by voluntary committees? Should younger persons be encouraged to take responsibility in politics, also in commerce and industry? (f) Independence: What are value and limits of it? Where should public interest predominate? How much medical and psychological work has been done to prolong period of active, useful, and independent life of aged. How far can such discoveries be applied outside of communal establishments?

Hohman, Helen Fisher. "Old Age in Sweden." Federal Security Agency, Social Security Board, Washington. 1940. pp. 151-154.

The section in Dr. Hohman's book, "Poor-Law Homes," deals with the homes for old people that have been developed to take the place of "poor farms" and almshouses, of old. Since the 1918 poor law, the institutions have improved in physical equipment and quality of management. The pension is paid directly to the local relief authority thus bringing a new source of revenue to the homes. The standard of housekeeping is high. In Stockholm, cottages housing a dozen persons each accommodate the city's aged poor. Each individual or couple has a private room. The residents bring with them small personal belongings. There is no institutional dress. Meals are prepared in a common kitchen but eaten in one's own room. Each person has 5 Kronor for incidental expenses. Where numbers are smaller there is often one building of small suites of a sitting room and four or six adjoining bedrooms. There is a common dining room with small tables. The new homes in Sweden are admirable, yet they are doleful places, with the stigma of pauperism, and the unfamiliar environment disrupting long-established habits.

VI. BIBLIOGRAPHIES ON HOUSING FOR THE AGED

Burgess, Ernest W., et al. Social Adjustment in Old Age. A Research Planning Report. Social Science Research Council, 230 Park Avenue, New York City. Undated.

The Committee of Social Adjustment includes in its research planning report a Bibliography by Eric Rosenthal. Pages 23-31 relate to housing for the aged. The items are classified as follows: A. Bibliography. B. Non-institutional housing. C. Institutional housing.

Community Service Society of New York, Committee on Housing. References on Housing for Elderly Persons. New York. 1940. Mimeographed.

Contains 35 items 17 of which refer to English housing for aged.

Federal Security Agency, Social Security Board, Bureau of Public Assistance. Sheltered Care and Home Services for Public Assistance Recipients. Washington. Public Assistance Report No. 5, 1944. 149 pp.

The "Selected Reading References" (pp. 143-149) contain over 50 titles referring directly to the problems of the aged, and many others relate to aged as well as to children and the blind.

Rebeck, Anne H., A Study of the Developments in Programs for the Care of the Aged (with emphasis on New York State and New York City). Albany, New York. Department of Social Welfare. May 1, 1943. 141 pp.

This report has a bibliography, pp. 135-141, of which more than a dozen titles relate to housing.

PART II

THE NEED OF THE AGED FOR OCCUPATIONAL ACTIVITIES

Centuries ago, Cicero wrote in his essay, De Senectute:

> "Old age not only is not given to ease and idleness, but rather full of work, still doing, planning something new and fresh, on the same lines that it has done before."

In Cicero's experience and observation, old age meant a blessed time of reaping the harvest of friendliness, achievement, honor, and comfort of which past years had planted the seeds; but it meant also continuation of occupational activity. The records of the human race teem with great deeds and great productions in old age.

The literature of today as cited in the present bibliography contains eloquent advocacy of the same type of reaping and other activity in old age as Cicero experienced. These advocates comprise physicians, psychiatrists, psychologists, economists, and other scientists, as well as specialists in social work. They recognize the curse of idleness and the blessings of activity, to the individual himself. Moreover, in view of the high taxes on younger and middle-aged groups necessary to support a great army of older persons, and the need for great productivity to raise the standard of living, economists point out a growing need for employment of more of the older people; their potentialities in productivity World War II has spectacularly disclosed.

But we find cross currents in the discussion. There are those who wish to eliminate older workers from occupational activity in order to make way for the employment of youthful entrants to the labor market, and to provide promotional opportunities for younger workers; these advocates of elimination of (and holiday for) older men and women place reliance on industrial pensions, on social security provisions, on personal savings, or on the Townsend plan, to supply to the older people the necessities of life.

One of the specialists in the field of ageing, George Lawton, says: "We may succeed in shelving the forty-plus group again, but if we do, eventually there will be as many of us on the shelf as off!" Picturesquely, this comment expresses the predicament disclosed by the cross currents in our national thinking. For the longer life span in the United States is showing up in the higher average age of the population, which is expected to result by 1980 in 21 percent, or 31 million persons, over 60 years of age.

Emerging is strong sentiment favoring the appreciation of the abilities of older workers, adjustment, utilization, and prevention of the loss of productivity by various methods--rehabilitation, stimulus, and aid in the maintenance of balanced living--until as near as possible the end of life.

The point of view is expressed that developing population trends hold no ill effect for our economy, on account of the employability and efficiency of older workers, provided "we can show sufficient social adaptability to adjust ourselves to the altered circumstances."

The very diversity of attitudes in industry, labor, government, and in the people themselves reveals the need for more comprehensive research to ascertain the truth, and for general education in these problems. The annotations that follow cover the aspects referred to above, and others; they suggest subjects for needed research, and point out proposed as well as proved solutions for some of the most urgent of the problems encountered. Some references are repeated under different headings because the contents illustrate more than one phase of the subject.

I. OLDER WORKERS IN THE LABOR FORCE.

Byrne, Harriet A. "The Age Factor as it Relates to Women in Business and the Professions." U.S. Woman's Bureau, Bull. No. 117, 1934.

> This Bulletin analyzes the questionnaires (over 20,000) returned by members of the National Federation of Business and Professional Womens Clubs. Of those reporting age, 950 were 60 years or over. The data include education, occupation, salary, etc. According to the data, earnings increased with the number of years of experience.

Corson, John. "Old Age and Survivors Insurance." Social Work Yearbook, 1945 pp. 292-293.

> This resume by a specialist in the field shows why many aged, though eligible for annuities, still seek employment in order to live. The benefits of the old age and survivors insurance paid (1943) sufficed to supplement the incomes of the bulk of beneficiaries and so to provide basic subsistence or more; but for 20 to 40 percent, the benefit amount provided only a bare subsistence or less. Of 3,600 persons receiving old age insurance in 7 cities, a survey shows that 60 to 80 percent had incomes approximating $25 a month from other sources; 20 to 40 percent had little or no income; one in 20 had to apply to public assistance in order to subsist. The persistent rise in living costs of course aggravated the situation.

Lebergott, Stanley. "Comment on Discrimination Against Older Workers in Industry." Am. Jour. of Soc., Vol 51, No. 4, January 1946, pp. 322-324.

This paper is a comment on a paper by Otto Pollak with the same title. The unemployment rates of experienced wage and salary workers by age, April 1940, taken from the Census and arranged by age groups and by sex show the relative unemployment pattern of old men and women. The conclusion is drawn that there is a roughly similar pattern for older men and women in manufacturing, and a much more stable pattern for older women than men in other industries.

Mathews, William H. Adventures in Giving. New York, Dodd Mead and Co. 1939. 1939 xx and 252 pp.

During the depression of the thirties it was found that old men and women came into the workshops opened for the physically handicapped over the city, mostly in the church homes. All were eager to work at the small wage of 60 cents a day then being paid. No one—depression or no—wanted these old people in regular industry. They were taught to make toys—Noah's Arks—and a building was given to the Association for Improving the Condition of the Poor for a factory, known as Crawford Shops. After the establishment of State Old Age Pensions, the shops were used as a sheltered workshop for elderly women and for occupational training. Mr. Mathews' theory, developed through many years of social work, was that if all ablebodied men had the opportunity to earn what they need, the necessity for much of the work done by welfare organizations would pass away.

Pollak, Otto. "Discrimination Against Older Workers in Industry." Am. Jour. of Sociology, Vol. 50, No. 2. September 1944, pp. 99-106.

This article examines the ratios of unemployment at each age level per 1,000 of the population at each age level and concludes that complaints of discrimination had been much exaggerated. In 1940, the unemployment ratio for male workers in industry was higher for the 20 to 24 age bracket than for any age group up to 60 to 64; in transportation, the ratios were stationary between 35 to 65. For females the ratios increased much earlier and more than for males. He points out (1) that the increase in unemployment is clear only where seniority rules do not apply; (2) where it can be observed, it is slow; even in the 60 to 64 age group in manufacturing, 1930, the highest ratio, 836 persons out of 1,000, were left employed; (3) male workers had higher rates in the 20 to 24 age group than between 55 to 59 age group in both 1930 and 1940, and for female workers in 1930. The author rejects the claim that costs of employing older workers are higher, but accepts the claim that productivity declines with advancing years as perhaps does mobility. He regards discrimination as a myth resulting from claims made for purposes of social reform such as old age pensions.

Stieglitz, Edward J. "Senescence and Industrial Efficiency." The Scientific Monthly, Vol. 58, No. 6. June 1944, I. The General Problem, pp. 410-414.

This specialist in diseases of the aged and the science of aging (gerontology) analyzes the need for knowledge as to what aging does, and industry's concern in the problem. He traces the general shift in the structure of the population; the periods in aging; the dangers in allowing the problem to be seized upon by irresponsible persons in politics or labor thus creating chaos from wholesale liquidation of the elderly or vast outlays in providing for them; the great variability in the changes of maturing individuals; the high cost of disease in employed individuals and the importance of industrial hygiene and individual medical analysis and treatment of maturing employees by early discovery and correction. The alternatives facing industry he cites as the full utilization of senescent individuals in industry, or increasing cost for "pensions," or for social security "already actuarially insecure."

U.S. Department of Commerce, Bureau of the Census. Employment and Personal Characteristics, 16th Census of the United States. Population: The Labor Force (Sample Statistics). United States Government Printing Office, Washington, 1943. 177 pp.

Text Table II shows Percent of Population in the Labor Force, by household relationship, age and sex, for the United States: March 1940.
Text Table III shows above data with same for 1900 and 1930.
Text Table IV shows same data by age, sex and color for March 1940
Diagram I shows the employment status of persons 14 to 74 years old, by single years of age and sex for the United States: March 1940.
Tables 1-37 (except Tables 17, 18, 31, 32 and 37) show data by age: for persons in the labor force and for persons employed in March 1940 according to personal characteristics and household relationship; employment status, class of worker and major occupation group; part-time employment; and duration of unemployment; urban and rural are shown in most tables.

U.S. Department of Commerce, Bureau of the Census, Industrial Characteristics, 16th Census of the United States 1940. Population: The Labor Force (Sample Statistics) U.S. Government Printing Office, Washington, 1943. 174 pp. pp. 17-36.

Table 3 shows age of employed wage or salary workers (except on public emergency work) by industry and sex, for the United States, by regions, March 1940.

Table 4 shows age of wage or salary workers seeking work, by industry and sex, for the United States and for regions; March 1940.
Tables 5 and 6 show percent distribution of data in Tables 3 and 4.

U.S. Department of Commerce, Bureau of the Census. Occupational Characteristics, 16th Census of the United States, 1940. Population: The Labor Force (Sample Statistics) U.S. Government Printing Office, Washington. 1943. 256 pp. pp. 11-52.

Table 1 shows age of employed persons (except on emergency work) and of experienced workers seeking work, by occupation and sex, for the United States, by regions (for nonwhite for the United States and the South) March 1940.

U.S. Department of Commerce, Bureau of the Census. Occupation, Industry, Employment, and Income, 16th Census of the United States 1940. Population: Vol. 3. The Labor Force. U.S. Government Printing Office, Washington, 1943, 301 pp.

Diagram 1 shows the percentage of males and females 14 years old and over in the labor force, by age, for the United States: 1940.

Text table III shows percent of population in the labor force, 1940, and percent who were gainful workers, 1930, by age and sex, for the United States.

Twenty-one detailed tables--5, 6, 8, 27-35, and 49-57--break down the data on employment status and class of worker by age.

U.S. Department of Commerce, Bureau of the Census. Wage or Salary Income in 1939. 16th Census of the United States 1940 Population: The Labor Force (Sample Statistics) 1943. U.S. Government Printing Office, Washington, 194 pp. p 8.

Table IX shows age of persons who were wage or salary workers (except in emergency work) in March 1940.

U.S. Department of Commerce, Bureau of the Census. Estimates of Employment in the United States by Age: March 20, 1940 - June 9, 1945. The Labor Force Bulletin. July 1945. LFB No. 6.

Table 5 gives estimates of employment, males, by age, by months, and Table 6 gives the same data for female workers. For most of the period, data are given for workers 55 and over, 55-64, 65 and over, male and female (in millions of workers).

Waggaman, Mary T. "Improved Employment Situation of Older Workers." Monthly Labor Review, Vol. 54. No. 1, January, 1942, pp. 59-69.

The demand for labor under the defense program has improved the employment status of the older worker. Between May 1940 and July 1941, 800,000 additional workers 55 years of age and over obtained employment - largely because their skills are in demand. On quarterly average for 1939 as 100, the index of placements of men 55 years and over was 176.5 and for women 181.2 for April-June quarter. Retired shipbuilders of 70 returned to jobs requiring experience and skill; some served as instructors. Lifting of age bars for U.S. Civil Service examinations is cited.

Waggaman, Mary T. "Older Workers in Wartime." Monthly Labor Review. Vol. 59. No. 1. July 1944. pp. 24-38.

In October 1943 the number of persons 65 and over employed in U.S. was 2.7 million and those 55-64 years, 6.5 million out of a total number of 51.9 million persons employed. That the war increased job opportunities for older persons is shown by data of the War Manpower Commission for April-June 1942 compared with October-December 1941 which show that placements of men and women 55 years and over increased 60.6 percent. This article gives data on war-time apprenticeship and other training facilities for elderly persons; on the organization of two old-age counseling centers in Los Angeles and New York; on War Manpower Commission Policy; the 40-Plus Club; and makes reference to research in National Institute of Health, and in Nuffield Foundation on ageing in Great Britain.

Waggaman, Mary T. "Employment and the Older Worker." Monthly Labor Review. Vol. 62. No. 3. March 1946. pp. 386-396.

This article is a discussion of current trends in population and employment, and a review of efforts to place the older worker. There are two conflicting trends, on the one hand, efforts toward retardation of the ageing process, and continuance in the working world, and on the other hand, the drive to eliminate these workers from the labor market with all possible dispatch. About 3 million males and about half a million females 65 years and over were in the labor force in 1945. By January 1, 1946, 1,350,000 living workers aged 65 or over were "fully insured" but more than half, about 750,000, postponed their claims for retirement benefits.

War Manpower Commission "Older Workers." Manpower Review. No. 10. June 1943. pp. 5-6.

Data of the War Manpower Commission when this article was written showed that one out of every three workers was at least 45 years old. In 1941, 2.1 million, and in 1943, 2.6 million workers were 65 years old or over. This editorial states that satisfactory performance by older workers depends chiefly on proper placement. Growing realization of the ability of older workers resulted in the dramatic increase in the numbers employed. The proportion too increased from January 1942 to January 1943, from 32.3 percent to 35.5 percent. The number of older men increased 11 percent; the older women increased 31 percent.

Wentworth, Edna C. "Why Beneficiaries Returned to Work." Social Security Bulletin, Vol. 8, No. 4, April 1945. pp. 12-18.

From a third to a sixth of the men in four surveys of 2,380 male primary beneficiaries who had filed for benefits under the old age and survivors insurance program because of ill health reported employment during the survey year--12 months in 1941 and 1942--and from a third to a half of those who had been laid off or quit returned to work. The mean average annual earnings of the total employed varied from $430 to $539 for the year in the 7 cities studied. Most beneficiaries worked because they considered that otherwise their income would be inadequate to meet their needs. A third of those having incomes of less than $600 a year worked, 20 percent of those having $600 to $899, and 7 percent having $900 or more.

II. SPECIAL PROBLEMS FACED BY OLDER WORKERS IN FINDING AND RETAINING EMPLOYMENT.

Barkin, Solomon. The Older Worker in Industry. A Study of New York State Manufacturing Industries. Report of the Joint Legislative Committee on Unemployment. Albany. J. B. Lyon Co. Printers. 1933. 467 pp.

This extensive report devotes a chapter to the need for an inquiry into the size of older population, the impending social issues in the increasing proportion of aged, and need for data as a guide. Chapters 1 and 2 describe the development historically of age discrimination in industry. Part 2 of the study analyzes the older worker: the aging process, human depreciation as a result of accidents, poisons, dusts, infections, fatigues, and other industrial hazards. Part 3 deals with the problems of the older workers such as personnel methods, employment tenure, and hiring age policies including experiences of older applicants for employment with a new concern, and with a former concern, and characteristics of those hired. Part 4 discusses the effects of these practices. Part 5 outlines a program of action.

Brinton, Hugh P., Seifert, Harry E., and Frasier, Elizabeth S. "Disabling Morbidity among Employees in the Slaughter and Meat Packing Industry, 1930-34, inclusive." Public Health Reports. United States Public Health Service. Vol. 54. No. 50, December 15, 1939. pp. 2176-2218. Has a list of references.

The annual number of cases of disabling morbidity per 1,000 persons increased as age increased with one exception: the negro male. The annual number of days of disability per person also increased steadily with increasing age in all but two groups, reaching 9 plus days for age 65 and over as compared with 3 to 5 days average for all groups.

Britten, Rollo H. "Receipt of Medical Services in Different Urban Population Groups in the National Health Survey." Public Health Reports, United States Public Health Service. Vol. 55, No. 48, November 29, 1940. pp. 2199-2224.

In a house-to-house canvass of 703,092 urban families in 18 States and 36,801 families in certain rural areas, a survey was made to determine the frequency of serious disabling illnesses, the medical services received, and the social and economic conditions involved. The material relating to age shows that medical services per case reflect the increasing severity of the individual case of illness as age advanced, except in the low income and relief groups. The percentage for any age group is least for age 65 and over for public clinic and visiting nurses, and greatest for private duty nursing and doctor's care. The average number of doctor's calls for all age groups is 7.4 while for those 65 and over, the average is 10.8 (exclusive of hospital care); for home calls, the average is 5.9 for all ages, but 9.6 for those 65 and over. The days of private duty are 26 for all ages, but 56 for those 65 and over; for visiting nurses' visits, the average is 5.3, but for those aged 65 and over, the average number of visits is 14.0.

Brundage, Dean K. "A Ten-year Record of Absences from Work on Account of Sickness and Accidents. Experiences of Employees of the Edison Electric Illuminating Co. of Boston, 1915-1924, inclusive." Public Health Reports. United States Public Health Service. Reprint No. 1142. February 25, 1927.

The frequency of absence for one day or longer on account of sickness decreased as age advanced among persons of either sex but the duration of sickness increased. Among women, there appeared a sharp decline in sickness after age 30. The men suffered much greater severity in diseases of the stomach than women, with larger disabilities increasing steadily with age whereas women experienced a sharp decline after age 30 as with other diseases. The frequency rate of industrial accidents increased with age a great deal more rapidly than non-industrial accidents which declined after age 30 to 50, then rising slightly to age 60.

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Clague, Ewan. "The Future of Social Work in the American Economy." The Compass, Journal of the American Association of Social Workers, Vol. 27, No. 5, June 1946, pp. 19-22.

One of the problems of older workers is adapting themselves to changing techniques and to their own changing capacities. The former director of the Bureau of Employment Security of the Social Security Board sees future difficulties for the older worker in holding jobs. He sees a great need for retraining him for available jobs of a character suitable for older workers, and for increasing facilities for such adaptation.

Collins, Selwyn D. "A General View of the Causes of Illness and Death at Specific Ages." Reprint No. 1673 from the Public Health Report, United States Public Health Service. Vol. 50, No. 8, February 22, 1935.

The author presents data on the incidence of illness of varying severity (disabling or non-disabling, in bed or not in bed) and of mortality, by age (Table 1). The sickness curve has a minimum at 15-19 years, then a gradual increase to the end of life; but the relative difference between sickness rates for persons over 65 and those 15-19 years of age is small compared to mortality rates for the same ages; for those in younger ages (under 1 year), the mortality rate is about as high as for the oldest ages.

Collins, Selwyn D. "The Incidence of Illness and the Volume of Medical Services Among 9,000 Canvassed Families." Reprint No. 1681 from the Public Health Reports, United States Public Health Service. Vol. 50. No. 15, April 12, 1935, p. 12

The writer offers data indicating that the annual disabling illness rate per 1,000 of population from all causes (1 day or more) for those aged 65 or over is about 10 percent higher than the average for all age groups, (549.1 vs. 491.6), (Table 2). The data are subdivided into groups of diseases, showing that the aged suffer most from respiratory, digestive, and circulatory diseases.

Duncombe, Henry L. "Population Changes and their Effects." Harvard Business Review, Vol. 20, No. 4, Summer 1942, pp. 437-445.

This article discusses population shifts into older age groups, the employability and efficiency of older workers, and the absence of ill effects which these shifts will have on our economy.

Evans, W.D. "Individual Productivity Differences." Monthly Labor Review, Vol. 50 No.2. February 1940 pp. 338-341.

Of interest in a study of aged workers is the preliminary conclusion of this article, that the "slow worker" problem in industry is not even in major part an "older worker" problem, as a similar dispersion about the average occurs at each age group.

Fellows, Perry A. "Superannuation in Industry." Social Service Review, Vol. 4, No. 2, June 1930. pp. 183-190.

The city engineer of Detroit discusses surveys made by the Society of Industrial Engineers on the older worker. While there is keen interest in management in the older worker's welfare, 1 in 5 had age limits for hiring averaging 46 years for skilled mechanics, 47 for semiskilled, and 51 for the non-skilled. It was recognized that studies should be made on the subject of the older worker in industry.

Ford, Edsel. "Why We Employ Aged and Handicapped Workers." Saturday Evening Post, February 1943, pp. 16-17.

Because of slowing down, older workers are sometimes not able to keep up with the other workers in the assembly line. The experiment of placing the aged in a separate department proves the value to industry of adjusting the job to the capacities of the older workers, thus utilizing knowledge and skills developed over the years.

International Labor Office. Report of the Office on the Question of Discrimination Against Elderly Workers. Geneva. October 25, 1938.

Mr. Watt, United States Workers' representative, proposed this study. It has three chapters: 1. Statistical Evidence, 2. Causes, and 3. Remedies, and has appendices. Data are cited from Belgium, Germany, Great Britain, Switzerland, and the United States. It is concluded that unemployment among older workers represents "a special problem of considerable social importance," as it is about 50 percent higher for older groups than for younger, though "older workers are no more likely to lose their jobs than younger workers;" and the effect of age appears a definite disadvantage in securing employment, even for those who have retained their full working capacity. It appears that the older workers are less liable to accidents than the younger workers but take longer to recover. Much attention is paid to costs of insurance for accidents by employers who tend to discriminate against the elders though without real reason. The heterogeneous character of occupational diseases makes it impossible to generalize as to

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greater incidence among older workers. Sickness benefits increase in number of days per year with age, but are less for older women than for men, 60 and over. The incidence of permanent invalidity is considered to double every five years and to be a little higher for women. It is frequent after age 50. A discussion of insurance and pension schemes is included. The remedies proposed relate (1) to employment policies and (2) to social services.

Klebba, Joan. "Industrial Injuries Among the Urban Population as Recorded in the National Health Survey." Public Health Reports, United States Public Health Service, Vol. 56, No. 49, December 5, 1941. pp. 2365-2391.

This report summarizes the data in the National Health Survey (1935-36) on accidental industrial injuries in the preceding 12 months. The annual frequency rate of industrial injuries of varying periods of disablement rise with increasing age. The prevalence rate of permanent orthopedic impairments increases with advancing age largely from the accumulation over the attained lifetime of the population of accidental industrial injuries. The findings point to the need of industrial accident prevention by the use of safety devices, provision for the added compensation hazard of older workers, insurance programs, and vocational rehabilitation.

Kossoris, Max D. "Relation of Age to Industrial Injuries." Monthly Labor Review, Vol. 51, No. 10, October 1940. pp. 789-804.

This article summarizes available surveys of industrial injuries reported to the Wisconsin Industrial Commission, Swiss injuries, and Austrian experience. The author concludes that it is an open question, still to be verified by study, whether the less frequent but more severe injuries to older workers are more or less costly than the more frequent but less severe injuries to younger workers.

Lobsenz, Johanna. The Older Women in Industry. New York, Scribner 1929. 281 pp.

The term "older" refers to women over 35 years of age. The discussion is based on interviews with women and with employers and employment agencies. The book is "An extended inquiry into... opportunities and handicaps...and suggestions for overcoming these handicaps." It refers to conditions in Manhattan only, including clerical, general office work, and selling as well as domestic work. In order to prevent her years as an older worker from being a problem, a young woman "will obtain the fullest training and the most complete mastery of her special field that she can possibly grasp. She will realize the importance of a desirable personality to her progress. She

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Of interest in a study of aged workers is the preliminary conclusion of this article, that the "slow worker" problem in industry is not even in major part an "older worker" problem, as a similar dispersion about the average occurs at each age group.

Fellows, Perry A. "Superannuation in Industry." Social Service Review, Vol. 4, No. 2, June 1930. pp. 183-190.

The city engineer of Detroit discusses surveys made by the Society of Industrial Engineers on the older worker. While there is keen interest in management in the older worker's welfare, 1 in 5 had age limits for hiring averaging 46 years for skilled mechanics, 47 for semiskilled, and 51 for the non-skilled. It was recognized that studies should be made on the subject of the older worker in industry.

Ford, Edsel. "Why We Employ Aged and Handicapped Workers." Saturday Evening Post, February 1943, pp. 16-17.

Because of slowing down, older workers are sometimes not able to keep up with the other workers in the assembly line. The experiment of placing the aged in a separate department proves the value to industry of adjusting the job to the capacities of the older workers, thus utilizing knowledge and skills developed over the years.

International Labor Office. Report of the Office on the Question of Discrimination Against Elderly Workers. Geneva. October 25, 1938.

Mr. Watt, United States Workers' representative, proposed this study. It has three chapters: 1. Statistical Evidence, 2. Causes, and 3. Remedies, and has appendices. Data are cited from Belgium, Germany, Great Britain, Switzerland, and the United States. It is concluded that unemployment among older workers represents "a special problem of considerable social importance," as it is about 50 percent higher for older groups than for younger, though "older workers are no more likely to lose their jobs than younger workers;" and the effect of age appears a definite disadvantage in securing employment, even for those who have retained their full working capacity. It appears that the older workers are less liable to accidents than the younger workers but take longer to recover. Much attention is paid to costs of insurance for accidents by employers who tend to discriminate against the elders though without real reason. The heterogeneous character of occupational diseases makes it impossible to generalize as to

greater incidence among older workers. Sickness benefits increase in number of days per year with age, but are less for older women than for men, 60 and over. The incidence of permanent invalidity is considered to double every five years and to be a little higher for women. It is frequent after age 50. A discussion of insurance and pension schemes is included. The remedies proposed relate (1) to employment policies and (2) to social services.

Klebba, Joan. "Industrial Injuries Among the Urban Population as Recorded in the National Health Survey." Public Health Reports, United States Public Health Service, Vol. 56, No. 49, December 5, 1941. pp. 2365-2391.

This report summarizes the data in the National Health Survey (1935-36) on accidental industrial injuries in the preceding 12 months. The annual frequency rate of industrial injuries of varying periods of disablement rise with increasing age. The prevalence rate of permanent orthopedic impairments increases with advancing age largely from the accumulation over the attained lifetime of the population of accidental industrial injuries. The findings point to the need of industrial accident prevention by the use of safety devices, provision for the added compensation hazard of older workers, insurance programs, and vocational rehabilitation.

Kossoris, Max D. "Relation of Age to Industrial Injuries." Monthly Labor Review, Vol. 51, No. 10, October 1940. pp. 789-804.

This article summarizes available surveys of industrial injuries reported to the Wisconsin Industrial Commission, Swiss injuries, and Austrian experience. The author concludes that it is an open question, still to be verified by study, whether the less frequent but more severe injuries to older workers are more or less costly than the more frequent but less severe injuries to younger workers.

Lobsenz, Johanna. The Older Woman in Industry. New York, Scribner 1929. 281 pp.

The term "older" refers to women over 35 years of age. The discussion is based on interviews with women and with employers and employment agencies. The book is "An extended inquiry into... opportunities and handicaps..and suggestions for overcoming these handicaps." It refers to conditions in Manhattan only, including clerical, general office work, and selling as well as domestic work. In order to prevent her years as an older worker from being a problem, a young woman "will obtain the fullest training and the most complete mastery of her special field that she can possibly grasp. She will realize the importance of a desirable personality to her progress. She

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will try if possible to develop herself in some field where she may be comparatively independent. Highly specialized training of a type certain to be well in demand, or the opening of a business of her own, appear ...to be her means to that end."

One woman turned her knowledge of household management to good account be establishing a school for the training of brides and their would-be maids. "I used such knowledge as all successful housewives have, and I wanted to supply the needs of other women. ...There is an endless field for women along these lines, if they are not afraid to launch an original project."

Labor unions for white collar occupations are proposed for older and young women which could demand standards of attainment and conduct educational campaigns for improvement of workers; unions could assist in shifting workers from one trade or industry to another between seasons.

The shifting from complex to less complex work is suggested as age advances, or the lightening of work by shorter hours. In order to avoid the administrative difficulties involved and the blows to the pride of the older worker, annuities for retirement are suggested.

In the highly "specialized" group, the spectre of unemployment in middle age rarely stalks; for the woman in it has made herself a master in some field where her services are usually in constant demand--has cultivated the gentle art of getting on with her fellow workers--self respect--an "air"--Her passing years but add to her experience.

Much comment is made throughout the book of the necessity of "elimination of such elements in their personal appearance and attitude as might so far have been found undesirable by employers."

Changing times and conditions have turned from the home into industry a new figure--the middle-aged woman. The problems that concern her must be solved, for she has come to stay.

Manning, Caroline. "The Industrial Woman Looks at the Problem." Proceedings, National Conference of Social Work. 57th Annual Session, Boston, Mass. June 12, 1930.

This paper, by a member of the staff of the U.S. Women's Bureau, cites data from the experiences of cigar workers thrown out by the introduction of automatic machinery, to show that women find it hard to obtain jobs after 25 years of age! Women of 30 find it difficult to get jobs because

INTENTIONAL SECOND EXPOSURE

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of age! To a woman of over 40, the situation seems almost hopeless. In re-employment, the youngest group found jobs in stores and laundries; those of 40 or over could find no jobs in offices; none of 30 or over in the telephone exchanges. Jobs in domestic service and homework fell to the older women. Industry had used no practical tests for fitness.

McFarland, Ross A. "The Older Worker in Industry." Harvard Business Review. Vol. 21, No. 4, Summer Number, 1943. pp. 505-520.

The older worker is confronted with three objections: (a) higher pension cost, (b) loss of adaptability, (c) high accident risk. Laboratory research has shown that there is no sharp decline of mental abilities with age; statistical studies in industry do not reveal an inverse relation of age to productivity. The older worker was found to have fewer accidents and a smaller turnover than the young worker.

Ageing brings changes, but these do not necessarily mean decline, as experimental data cited show. The great variation between individuals at any age is referred to, and it is emphasized that chronological age is not the same thing as physiological. Changes in sense organs, motor skills, and mental ability are reviewed with illustrations of the ability of older workers to retain skills, and to acquire new knowledge.

Studies are cited which show maintenance of productivity by the older worker. As to labor turnover, it is noted that little change in occupation takes place after 35 years of age. Older workers are not a greater risk in regard to industrial accidents. Data are not conclusive as to sickness or absenteeism.

The author concludes that older workers have fewer industrial accidents; their labor turnover is lower; their output is usually equal to that of younger men; spoilage and breakage are less; they tend to be more loyal, stable, and responsible.

Metropolitan Life Insurance Co. The Older Employee in Industry. Pamphlet published by the Company, 1933. 20 pp. and 2 app.

This discussion of typical measures to prolong the employment of workers contains a chart of alternative procedures, immediate, supplementary, future. The report is based on results of a questionnaire sent to 5,000 manufacturing companies, and from visits and more detailed questionnaires to the 800 employers that replied. Industrial executives report that their efforts usually have consisted of action taken to meet each separate situation without fixed procedures or formal rules.

Factors affecting the increase or decrease in the number of problem cases include the age of the organization, the proportion of short-service and long-service employees, previous mergers, changes in production methods, and labor policies. Discovery of problem cases may be made by the medical department in examinations, labor department, engineering department, the foremen, or the employees themselves.

Systematic reviews of employees' records of production, attendance, sickness, accidents, earnings, and service ratings show cases that require attention. Another method is to interview each employee when he becomes 45 years of age and after each succeeding five years of service. Committee action, action by the president, or action by the personnel, industrial relations, labor or employment manager is taken where determined. A man is retained on the same job or is transferred. Most companies have no follow-up of the case, though some do have. If earning power has declined on a production basis, a few companies grant supplementary compensation to enable the older workers to maintain "a decent standard of living". A few companies keep older workers on their regular jobs by reduced hours or days of work, transfers in shift and rest periods. Many companies rearrange duties, eliminating one feature or more of their jobs, or the provision of special mechanical aid for the performance of heavy lifting. In order to locate suitable jobs to which older workers may be transferred, job surveys are made by a few companies by various methods described. A list is given of 23 jobs common to almost every type of industry and widely accepted as suitable for older employees. Most of the executives state that the wage rate is paid older workers which would be paid any other employee for the same work. A few companies moreover have introduced special features within their medical and safety programs, such as more frequent and more thorough medical examinations, assignment to jobs little exposed to industrial hazards or special safety instruction or supervision.

Phelps, Roswell F. "Older Work in Industry. Discrimination Against Older Workers in Massachusetts." Labor Laws and Their Administration. 1937. B.L.S. Bulletin No. 653. U. S. Government Printing Office, Washington 1938. pp. 141-162.

This article summarizes surveys of discriminations made against older workers in Massachusetts mainly at the point of hiring or re-hiring.

Palmer, Dwight L., and Brownell, John A. "Influence of Age on Employment Opportunities." Monthly Labor Review, Vol. 48. No. 4. April 1939, pp. 765-789.

This article summarizes a study of employment opportunities by age groups in New England industries made for the use of the Committee on Employment Problems of Older Workers. It covers 26 manufacturing companies which employ skilled or semi-skilled mostly.

The reduction in employment in 1937-8 decreased the proportion in each age group under 30. Productivity records show no definite tendency toward diminution of production with advancing years except in a few special jobs. Records of accidents show no definite relationship between advancing age and frequency or severity of accidents. Employers show a sense of responsibility not to retire older workers without a pension. Hiring of younger workers is done to maintain a balanced force.

Smith, Dunlap. What are the Psychological Factors of Obsolescence of Workers in Middle Age? Personnel Series No. 9, American Management Association, New York, 1930.

The difficulties of the older worker are mainly of a psychological nature. Since learning ability declines only slightly with age it is the management's function to keep the workers alert and teach them new skills and techniques. Careful management can avoid situations in which sudden changes make for the obsolescence of older workers.

Stieglitz, Edward J., M. D. "Aging as an Industrial Health Problem." Journal of the American Medical Association, Vol. 116, No. 13, March 29, 1941. pp. 1383-87.

Though there are many very useful tasks, in some cases almost indispensable services as in top executives, which older employees perform, industry loses their valuable performances in part because of the failing health of aging employees. Pressure of intense activity and lack of preventive medicine in industry cause extensive losses of key personnel. On the other hand, some tasks prove unsuitable for the older worker whose strength has diminished, and adjustment to new and more suitable duties is needed.

_____. "Senescence and Industrial Efficiency. I. The General Problem." Scientific Monthly, Vol. 58, No. 6, June 1944, pp. 410-414.

This article stresses the great variability in the changes of maturing individuals which makes it unjust to base employment policy on chronologic age; the high cost of disease in employed persons; and the need to make full use of older workers in production.

_____. "Senescence and Industrial Efficiency." The Scientific Monthly, Vol. 58. No. 7, July 1944, pp. 9-15.

In the development of policies on employment of older workers, personnel executives are concerned with selection, accident hazards, placement, emotional hazards, and the critical problems of key personnel. Industrial placement should not forget that after the original assignment, while the machine does not change with time, the man does; the job should be changed as the man ages. Senescence of key personnel is a serious problem, hence "constructive medicine" should keep them fit, and the two nightmares that age them, high labor turnover and neuroses, should be kept down. Officials should recognize that aging changes men's speed, endurance, outlook, interests, enthusiasms, judgment, muscular strength, visual acuity, and sense of responsibility; versatility should be cultivated as depreciation in the rate of learning in the aged is very minor, barring the inertia resulting from false concepts about it. To teach an old dog new tricks, one must know more than the dog.

U.S. Department of Labor. Division of Labor Standards. "The Older Worker." Monthly Labor Review, Vol. 48, No. 5, May 1939, pp. 1077-1083.

This article gives the findings of the Committee on Employment Problems of Older Workers of which Harry Woodburn Chase, Chancellor of New York University, was chairman. The report shows that older employees who lose their jobs have more difficulty in getting new ones, and their unemployment is more prolonged It urges that "everything possible be done to dispel the idea that workers are through after 40." Records analyzed did not show diminution of earning power with advancing years, and no evidence to support a wholesale prejudice against older workers based on age alone.

Vernon, Horace Middleton, M.A., M.D. Accidents and their Prevention. New York, The Macmillan Co. 1936, pp. 336, also, Cambridge, England, at the University Press.

A section of this book (pp. 51-61) relates to the influence of age and experience on accident liability. The author considers that experience in any occupation is usually of value to workers in the avoidance of accidents. In the metal industries, the accident rate falls markedly with age and experience but the number of weeks of disablement increases with age. In the coal mines—where work is arduous--the accident rate and the severity rate increase with age as fatigue may lead to accidents. In the textile mills, the frequency rate rapidly dwindles with increasing age. In motor transport, drivers' accidents decline rapidly with age, though the factor of elimination of incompetent drivers doubtless affects this rate. Among pedestrians, the number per 100,000 calculated by the Ministry of Transport shows enormous increase from 65 years up, especially from 75 to 85 years.

III. EXPERIMENTS AND EXPERIENCES OF OLDER WORKERS IN EMPLOYMENT

Carey, L. J. (General Counsel, Michigan Mutual Liability Co., Detroit, Mich.) "Safe Occupations for the Aged Worker." National Safety News, April 1926, p. 21.

A list of occupations dangerous for the man over 50 and 60, one of suitable tasks for skilled aged workers, and one of sutiable tasks for unskilled aged workers are included in this article. Business finds it profitable to capitalize the assets of the older worker's superior knowledge of product and processes, their loyal dependability, their exemplary industry, their sane viewpoint of labor relations, and their ability to train apprentices. The author also states that "most of the serious accidents to aged workers occur on account of being... wrongly employed" and urges placing them "at the right kind and the safe kind of work", so more of them can be employed with profit.

Carmichael, Leonard, PhD., President of Tufts College. "The Value of the Older Mind in National Defense." Supplement No. 168 to Public Health Reports, pp. 98-103. A paper read at a conference on Mental Health in Later Maturity, Washington, D.C., May 23-24, 1941.

Dr. Carmichael was associated with the endeavor of the Government to devise an analytical list of the Nation's brain workers to be consulted by defense agencies when seeking new workers or special consultants in the advanced professions; he limits himself in his paper to the academically trained American in defense work. He cites a fatigue study made at Harvard University which shows that the mechanisms for supplying and utilizing oxygen in exhuasting work are only about 50 per cent as effective in a man of 75 as in a boy of 17. It is unscientific to retire college professors and other professional individuals at an arbitrary age. He quotes Miles' experiments on more than 2400 persons from 6 to 95 years of age which showed that in imagination and related processes, little change appears in aged persons; that in reaction time 25 per cent of those over 70 are as quick as the average of the whole group; but in perceptual ability, there is a 46 per cent reduction from teen age, in the 70 to 89 year group. In the national roster of 12,800 scientific and professional personnel 20 per cent are over 50. He concludes that from them "wholly new intellectual ground-breaking in any large amount" is not to be expected, though they can continue work in fields of investigation which they had already opened up "in novel and important ways," and should not be employed directly in projects that demand initiative and daring Cooperation of cautious and experienced age with adventurous youth would be most desirable. Youth and age must hang together or they may both hang separately. "The tendency of young executives to turn aside from all old men must be checked", as certain ones can perform tasks of the greatest advantage to society. No impediments such as liability insurance rates should hinder the use of older persons in applied physics, engineering, and chemistry where there is shortage of manpower. The real solution should be made in terms of scientific fact and not in terms of sentiment or prejudice.

Crowther, Samuel. "When Is a Man Old?" An Interview with Henry Ford. Ladies Home Journal, Vol. 46, July 1929, p. 25.

There is no maximum hiring age in the Ford plants. Age classes are given of all employees, many of them being in the upper age brackets. The opinion is expressed that job analysis which would enable industry to grade jobs according to their requirements would greatly aid older applicants in finding their niches.

Eaton, Webster M. "Older Workers Prove Ability." Manpower Review, Vol. 10 No. 6, June 1943 pp. 10-11.

This article discusses the competence and reliability of older workers on war work at Elmira, N. Y. Early in 1941, USES faced a real shortage of skilled and experienced workers in all occupations, and undertook to promote the employment of older workers. By 1942 employers were asking for older workers. The employment of older workers made the greatest contribution to the war program in actual industrial jobs, though the service trades were the first to employ them. Cases cited are: Mr. B. aged 59, a kitchen employee with only one eye and hernia, a former machine shop worker; a machine shop found him valuable. Mr. C aged 65, had been a woodworker in a furniture factory which closed; he had gone into making and selling sausage for a living, and was satisfactorily placed as a woodworker at a local aircraft company. A laid off mechanical draftsman, aged 66, was employed as a checker of drawings. A 67-year-old woman was made an inspector at a large plant. Another, aged 60, became a fabric worker at an aircraft plant. Others returned to office jobs, after years away from work, as clerks, typists, bookkeepers, and stenographers.

Edlund, S. W. and Edlund, M. G. Pick Your Job and Land It. Prentice - Hall Inc., New York City, 1938. 300 pp.

This guide to obtaining employment was written for the use of older persons, particularly those in a "man-marketing clinic" established in New York City for the elderly jobless during the depression, and for others in a similar situation. It describes the experiences of older men and women in successful interviews after instruction at the clinic, describes proper methods of writing a letter of application, also illustrated by experiences of older people, cites sources of data about openings for employment, and other practical and encouraging material. It was successfully used in Washington, D.C. by the Women's Occupational Council, composed of representatives from various women's organizations, in its "job clinic" for mature women.

Ford, Edsel. "Why We Employ Aged and Handicapped Workers." Saturday Evening Post, February 1943. pp. 16-17.

In the River Rouge industrial area hundreds of workers are in their seventies and seven are in their eighties. On the basis of a survey by age level of each community where Ford plants are operated, an employment policy which reflected the age groupings was established. As long as a man has the judgment and ability to drive an automobile, Mr. Ford considers he can operate an industrial machine.

It is sounder economically to keep aolebodied men and women earning incomes and buying goods than to place arbitrary age barriers on employment and permit older workers to lapse into senility and inaction. Those who look forward do not grow feeble. The experiment has justified all Mr. Ford's hopes for it.

Kuh, Clifford. "Selective Placement of Older Workers." Journal of Gerontology, Non-Technical Supplement, Vol. 1, No. 3, Part 2. 1946. pp. 152-157.

The Permanente Foundation Hospital in Oakland, Calif. has developed scientific procedures for the placement of workers on the basis of the physical capacities of workers and the physical requirements of jobs. A list has been prepared of 25 mechanical factors (lifting, pulling, etc.) and of 25 environmental factors (explosives, vibration, etc.). The physical capacities of each older or handicapped person to be placed are considered in relation to jobs and it is found that—despite his age handicaps—he can fill some particular job. The physician's judgment is the best and only guide "until more is known concerning the relationship between clinical data and physical capacities." In some cases cited, slight adjustments to equipment make it possible for older workers to fill jobs. If workers have completely lost their previous skills, they should be trained for new work. An outgrowth of the selective placement program is the establishment of a rehabilitation service for incapacitated shipyard workers at the Kaiser shipyards through the ccoperation of the State Bureau of Vocational Rehabilitation.

The war thus brought to pass what social planners had been trying to achieve for many years, the employment of older persons.

Martin, Lillien J. Old Age and the Future. Pamphlet of the Old Age Counselling Center, San Francisco.

A retired professor of psychology here summarizes the development of prejudice against the aged who in other times held a foremost position; the danger of condemning masses of unhappy old people to a useless, parasitic existence; the importance of assigning to them a functional part to play in society, the need of motive and opportunity for self-improvement; and the experience of 30 clients of the Center who, in the years following attendance in the Center, earned over $1,800 each by their skills. She urges the use of these human resources by society.

Metropolitan Life Insurance Co. The Older Employee in Industry. New York City, 1933. 25 pp. with 2 appendices.

Data are assembled from 300 firms on practice in regard to older workers. The discussion is built around the following headings: 1. origin and review of problem cases. Factors affecting the number of problem cases; discovery of problem cases (through observation, medical examination or employees' records); disposition of problem cases (by decision of line officials, personnel, industrial relations, labor or employment

manager, or by committee action; follow-up (as in the case of new employees); 2. continuance at the same job: wages, reduction in pay rate, change from time to production rate, change from production to time rate (if earnings have fallen below the amount required to maintain a decent standard of living), supplementary compensation, allocation of expenses; hours, activities; 3. transfer to another job: selection of jobs, job surveys, location of jobs (usually semi-skilled or unskilled to avoid cost of retraining), typical jobs (23 listed such as assemblers on light work, oilers, minor clerks); and 4. supplementary measures affecting older employees: medical supervision, more frequent for older workers, and safety supervision of a special degree of carefulness, and consideration in assignment to jobs without hazards or with few hazards.

Phelps, Roswell F. Older Workers in Industry. Discrimination Against Older Workers in Massachusetts. Labor Laws and Their Administration, 1937, BLS. Bull. No. 653. U.S. Government Printing Office, Washington, D.C., 1938.

The Director of Statistics of the Massachusetts Department of Labor and Industries summarizes surveys of discriminations against older workers upon the results of which the State passed a law (Chapter 367 of the acts of 1937) declaring void any contract that prevents or tends to prevent employment of persons 45 to 65 because of age. Discussion brought out the fact that governmental agencies, State and Federal, were the worst offenders in discrimination on account of age, also that a large number of corporations went on record as favoring the removal of discrimination and as willing to abide by the regulations in the new law. As the discriminations appeared mainly at hiring or rehiring, attempts at improvement should be focussed at that point primarily. More stable employment would also help to solve the problem.

Reed, Ruth. The Single Woman. The Macmillan Co., 1942, 227 pp.

This book developed out of statements from more than 300 single women over 30 years of age, and from several years of study and observation of the subject. The author took as her thesis that single women have a role of social usefulness to play and she endeavors to describe how this role can be played with benefit to society and with peace and satisfaction to single women themselves. The book contains a chapter on "The Aged Single Woman" (pp. 213-227). Because "the single woman in the lower economic group is almost three times as likely to become dependent on public support in her old age as is the married woman," the author points out the need of a realistic approach to her situation both on her own part, on the part of her family, and of the community. The making of a financial plan is important to single women. The single woman should not be exploited by low wages and by excessive demands to aid relatives and charities because she has no family. She frequently has dependents who are not recognized as liabilities as are men's dependents (for men, compensation frequently exceeds that given women for the same work.) The aged single woman is advised to seek the kind of homelife which suits her temperament, and to build up "a protective

pattern of interests and leisure-time occupation" which should begin long before she is old. The acceptance of old age as a normal phase of living means the acceptance of all of its aspects: leisure and peace but suffering and deprivation too, all precious.

Tinsley, John F. "The Older Worker in Industry." Executives Service Bulletin, Vol. 18. No. 1. January 1940, pp. 1-2, 4.

The president and general manager of Crompton and Knowles Loom Works, Worcester, Mass. analyzes the firm's experience with personnel in 1937 when those over age 41 were 55 per cent of the total. At piece work or in the "good jobs", the older men not only were not a bad physical risk nor unproductive and inadaptable, but have made out "a good case for themselves." The company has a long-established policy of training and retraining men from one occupation to another, and physical examination and health plans to conserve workers and make it possible to use them efficiently as they grow older.

Waggaman, Mary T. "New Techniques for Getting Jobs" Monthly Labor Review. Vol. 50, No. 4, April 1940, pp. 797-806.

This article describes in considerable detail the methods used in (1) Man-Marketing Clinics, (2) the Forty-Plus Clubs, and (3) Job-Hunters' Organization. The efforts of (1) and (2) are mainly for older workers and of (3) for youth.

Wharton, Don. "Old Man's Department." Forbes, Nov. 1, 1942 pp. 14, 28.

Chrysler Corporation has a miscellaneous Light Assembly Department into which men over 55 with 10 years service can transfer if they cannot maintain the pace. The jobs are adjusted to the men not the reverse.

Older men in the other departments continue on their jobs as long as they can do the regular work. Men injured in the plant can also transfer to the Old Men's Department while they recover their self-confidence and strength. The quality of the output is high though the quantity is only about 50 or 60 per cent of the regular output.

IV. RECOMMENDATIONS FOR RESEARCH AND FOR ACTION.

Amidon, Beulah. Jobs after Forty. Public Affairs Pamphlet No. 35. 1939. 32 pp.

This pamphlet considers four questions: (1) Is unemployment greater or less "over forty?" (2) What part does insurance play in age discrimination? (3) Are men less efficient after 40? (4) What can be done about it? In a "balance sheet," the author concludes that personnel men are on doubtful ground in weeding out men because of age, because the facts as to productivity are on the side of the older worker who does not add to accident costs, and his greater "personality difficulties" as compared to those of younger workers are "not proved."

As to a solution: research is urged; long-range efforts should correct wrong impression; the special abilities of older workers should be defined and used. The worker too is given advice: to eschew bitterness, analyze his assets, concentrate on the employer's needs, and as a member of a labor union to stimulate educational campaigns to correct misunderstanding about the abilities of the older worker.

Bakke, E. Wight. The Unemployed Worker. Yale University Press. New Haven, 1940. 465 pp.

This study by the Institute of Human Relations of Yale University of the task of making a living without a job, is based on a sample of half the New Haven firms. Over a third pay little or no attention to age limits. Of the remaining 64 none has definite hard and fast policies. Over one-third are careful about hiring men over 50. Jobs for unskilled show a spread in hiring limits of 20 years in some firms from those for skilled. Few provide group insurance or pensions premium rates are important in reducing the employment chances of those whose age would increase the average age of the working force. "In general the employers' comments emphasize the values of hiring older workers, and the problems of hiring younger new entrants to the labor market. Older workers are desirable because (a) they already know the job, (b) they are more dependable and will accept responsibility--(c) having family responsibilities and being more dependent on this job, they are less likely to lose time, to move to a new job, or to 'fall for agitators'. These advantages are immediate." There is need of finding the best and most stable worker for the job in hand.

Barkin, Solomon. The Older Worker in Industry - A Study of New York State Manufacturing Industries. Report of the Joint Legislative Committee on Unemployment. Albany, J. B. Lyon Co., Printers. 1933. 467 pp.

Part 5, in a discussion of nearly 50 pages, outlines a program of constructive action, mainly (1) to multiply work opportunities; (2) to remove age prejudice; (3) to improve the qualifications of the older workers; and (4) to provide for the retirement of the marginal worker and for partially and totally unemployable persons.

Brunot, Helen Hardy. Old Age in New York City. New York, Welfare Council of New York City. 1943. 128 pp.

Among the varied subjects discussed in this survey of 3106 records of requests for information to the Bureau for the Aged of the Welfare Council of New York City, is the need of older persons for occupational activity of some sort. Three paragraphs are here quoted:

"The New York community has not been particularly aware of the reserve of pent-up energies represented in the almost 1/2 million persons 65 years and over within its midst. Granting that this is not the same kind of energy that a younger group would show, and that the skills accompanying it have often grown rusty from non-use, it must nevertheless

be considerable. Little has been done to sustain the skills of this residual labor force, or to contemplate possible ways by which older persons might continue in active, even less adruous, work..... Economic necessity may exert pressure to keep older persons in employment.

"Work has another value to the old—it is a cure for idleness—one of the most common hazards to health and happiness—whether sick or well, poor or financially secure—was that of having no useful work to do. For many, regular private employment would appear to be the normal and therefore the most desirable way..... For others, ...other ways should be found to make constructive use of this reservoir of unused energies. Such programs would be social rather than industrial.

"Efforts will need to be directed toward erasing prejudices against employment of middle-aged and older workers and toward the development of retraining, vocational readjustment and other programs to keep these workers fit and well-placed."

Carlson, Dr. J. J. "The Older Worker." The Scientific Monthly, Vol. 57. July 1943, pp. 5-11.

Professor Emeritus of Physiology of the University of Chicago, Dr. Carlson discusses with feeling the loss in human resources caused by retiring people at a fixed age. He calls for a change in social philosophy and reminds us that physiologic age of the worker is not synonymous with chronologic age; that decreasing abilities in workers past 50 or 60 years of age may be compensated for by greater skill and experience and the decrease "in youthful dissipation"; we are contributing to biologic parasitism in and degeneration of human society by keeping in idleness older workers able to perform useful labor as well as wasting valuable resources; forced idleness of an army of older workers makes a weak link in society in the part whose qualities could guide us; it is uneconomic to pay all the same wage regardless of output when diminution of pay in old age could make employment of the aged economic, as the apprentice is paid while learning. He regards work a biologic and social duty as long as we can carry on.

Clague, Ewan. "The Future of Social Work in the American Economy." The Compass, Journal of the American Association of Social Workers. Vol. 27, No. 5, June 1946. pp. 19-22.

This article predicts for persons over 65 years of age and for the "nearly old" 45 to 65, increasing difficulty in holding jobs. Over 60 percent (in one city in the spring of 1946) of the men receiving unemployment benefits were over 45 years of age. He advises a "vast program of adult education" to assist workers in making the adaptations which necessity dictates. Older persons can learn new trades and make adjustments if the facilities are available and if attitudes, individual and social, can be changed.

de Leeuw, Adele. "Jobs for Women Over 50." Woman with Woman's Digest, April 1943, pp. 54-55.

This article points out the suitability, availability, and usefulness of work in private homes, for older women.

The skills, mature judgment and patience gained over the years make her an asset of great value in the home where she is much needed and appreciated.

Fisher, Gladys. "Community Responsibility for the Aged." New York Conference on Social Work, 1943. pp. 112-117.

This paper takes the attitude that the problems of the aged involve not only adjustments of the individual in overcoming ignorance and prejudice, but on the part of others too, as to what ageing is. The aged have great sustaining powers and often their disabilities can be cured. The inability of older people to secure new employment on losing the old job adds to their frustration. With more aged in the population, the employable aged must be utilized. More research is needed as to work the aged can do best.

Folsom, Joseph K., PhD., Vassar College. "Old Age as a Sociological Problem." American Journal of Orthopsychiatry. Vol. 10, No. 1. January 1940, pp. 30-42.

As needs and opportunities for further research, Folsom raises the following questions: Is there an increase in real physiological and sociological, old age? We do not know that the proportion of those unable to work or take care of themselves has actually increased. What are the various conditions that make up old age? What is the age distribution for degenerative diseases? What is the real employment and activity status of the aged? What do old people actually do with their time? What activities do they perform which are constructive to the individual and useful to society? How could the status of "paying their way" be extended and made more satisfying? Do the present trends in occupation (i.e. more people in professions, services, trade, and clerical work, and less manual labor) promise a reabsorption of the aged? In the process of rehabilitation of the aged, as in Dr. Martin's Old Age Center, what is the selection of clients? What are the points where changes most often occur? How permanent are these changes? At what age on the average does senescence set in? Such a study should be based on cross-sectional studies of large numbers of aged at different ages. He raises questions further which involve values: (a) Upon what fundamental assumption shall we build our economic system in the future: efficiency in a given pattern of organization or utilization of human resources? The latter might in the long run result in greater productive efficiency. (b) Are we to continue in the attitude of the high value of "independence" of the aged from their families and relatives? Maybe we need a new set of culture patterns in this field. (c) Should individual life be preserved as long as possible at whatever cost or should the summum

bonum be living fully and joyfully as long as one can live that way? Dr. Martin implies that the old need to be stimulated much more and protected much less than has been conventional. (d) Is some of the demand for greater employment of the aged based upon relative over-valuation of work-in-itself and of personal independence which are a legacy of Puritan culture?

Gumpert, Dr. Martin. You are Younger than You Think. New York, Duell, Sloan and Pearce, 1944. 244 pp.

Dr. Gumpert considers that much of the future happiness and progress of mankind depends on the solution of the old age problem. Our old age group, already numbering millions, will be increased by us, the "middle-aged" of today, the aged of tomorrow. Old age as a social problem has just been discovered. For the aged themselves, "idleness, life without motion or direction, is a disease in itself more dangerous than most of the chronic diseases of old age." There are many jobs that elderly workers can fill. Use of the elderly worker has advantages and disadvantages that can be utilized or circumvented if proper employment practices are applied. We must gather more information on the specific working traits of old age; we must adapt the required work to the amount of energy that the elderly person can offer; we must evaluate his skill and experience against his weakened physical strength we must find new work methods, and new methods of protection against physical damage and accidents peculiar to older people. We would probably obtain good results from the setting up of special workshops for the aged, just as we have from special work shops for the handicapped.

Hady, Frank T. and Johnson, Sherman E. "The Farmer at 65." Land Policy Review, Vol. 4. No. 3. March 1941, pp. 18-21.

About 12 per cent of the farm operators in the United States are more than 65 years old. Since 1930 they find retirement impossible or difficult. It is harder therefore for young men to gain a foothold as farm operators. These authors raise the question whether a program could be devised that would combine benefits to both groups by helping to finance younger men and assisting the older group to find retirement homes and to invest their savings, by means of regional quasi-public corporations. The type of home the farmers would require is explained.

Hochhauser, Edward. "Work Therapy, Interests, and Activities." "New Goals for Old Age," George Lawton, Editor, Columbia University Press, 210 pp. 1943, pp. 106-114.

Occupational therapy and work therapy combined provide not only activity under guidance but purpose, responsibility and satisfaction to the aged, aiding in readjustment. The writer quotes Dr. Alexis Carrel who says, in his Man the Unknown, that the ageing man should neither stop working nor retire. Inaction further impoverishes the content of time. "To those whose forces are declining appropriate work should be given but not rest." As Executive Director, Committee

for the Care of the Jewish Tuberculous, Inc., in New York City, Hochhauser considered that work therapy should be provided for the permanently sheltered type of patient rather than to condemn him prematurely to the scrap heap. Under direction, patients could make salable articles and find great interest in so doing. The pros and cons of compensation for patients are given with something on each side of the question. Bringing the aged into groups, such work facilitates social relationships, even marriage. As long as the individual is alive, in addition to food and love, he needs to be functioning and effective.

Lawton, George. "Constructive Proposals Regarding Older Workers." Personnel Journal, Vol. 18, No. 8, February 1940, pp. 300-308.

This article denies that industry discriminates against older workers. It seeks to employ and retain the best workers available. Lawton suggests a "Job Re-allocation Department" to make job analysis, appraise new workers, inventory abilities of each worker at intervals, determine when or whether reallocations, rehabilitation or retraining is needed. He recommends that every one have an "auxiliary" occupation to which one may turn. The value to an employer of a reallocation department is that it places judgment as to job achievement or obsolescence on an objective basis, retards obsolescence and cushions the effects.

_____. "Aging Mental Abilities and Their Preservation." New Goals for Old Age, Columbia University Press, 210 pp., 1943. pp. 11-33.

Confidence in one's ability is most important during senescence. Many emotional factors may lead to a spurious deterioration and should be avoided. As related to employment, these are: feeling of inadequacy, pressure from youthful competition, money difficulties, an insecure job, unemployment. It is fear of aging which often causes a functional loss in the mental realm. So far as mental capacity goes, intellectual persistence, a non-speed factor, does not show decrement. Taking speed into account, by the age of 70, there will be an average decrement of one fourth to one third from the 25-year old average. In most types of work, the decrease should not be important and the loss in strength might well be more than balanced by greater experience and dependability. If we shift workers over to those utilizing skills which age does not impair, we can prolong the working lives of many and prevent a great loss to society and the individual. In the next decade or so, the author predicts, the study of mental abilities in the aged will be almost as common as that of children today and vocational guidance of older persons will be possible. The older person needs mental stimulation, enlarging horizons, and aid to preserve his mental abilities. Lessening in the amount of achievement in older persons results in part from a deficiency in the powers of imaginative projection and ingenuity of the aged themselves and those who associate with them. Best for old people would be real jobs. They need schools, recreation centers, arts and craft centers, sheltered work shops, adult playgrounds, social clubs, bureaus for the exchange of services.

Occupational therapy holds tremendous possibilities. Recreational and creative activity, personal fulfillment and education, drawing from society and contributing to it should never end.

Lawton, George. "Additional Studies Relating to Retirement." Social Adjustment in Old Age, Social Science Research Council, 1946, pp. 98-99.

The research projects listed refer to sources of data to methods of assembling and to methods of analysis. These subjects include: (1) Test for determining time to retire; (2) Old age activities compared with those of other phases of life; (3) Effect of retirement on longevity; (4) Effect on personality adjustment; (5) Where do retired persons fare best? (6) Employment after retirement.

Majoewsky, Walter V. "Maximum Age Limits at the Time of Employment." Public Personnel Studies, Vol. 8, No. 5, May 1930, pp.67-72.

The public service can help in solving the problem of the older worker by setting aside classes of positions suitable for him. Training courses as an aid to adjustment to keep his mind plastic and out of ruts "might be established." Man's physical condition rather than his chronological age should be the determining factor; an older person's health is frequently better than a younger one's. The effect of pension plans is discussed as a factor in requiring a new employee to be below 45 years of age. The perennial character of the problem is indicated. The opinions and suggested remedies are so diverse that further consideration and discussion is needed.

Martin, Lillien J. A Handbook for Old Age Counsellors. The Method of Salvaging, Rehabilitating and Reconditioning Old People Used in the Old Age Counselling Center in San Francisco, Calif. Geertz Printing Co., San Francisco, 1944, 84 pp. With Reading List (3 pp.) for Counsellors.

The foreword written by Clare deGruchy, an associate of Dr. Martin, reveals that during the last few months of her life, indeed until the day of her death on March 26, 1943, at the age of nearly 92 years, Dr. Martin was engaged in writing for students this manual based on her work in the Old Age Counselling Center which she founded in 1929. The manual has an historical introduction on the development of social welfare work with old people, methods of giving the aged person insight into his own problems, reeducation of the aged person, and continued self-training of the Counsellor for making a contribution to the solution "of an unprecedented national problem." The reader is advised to observe the actual status of old people, the methods used in their care, the differences in their characteristics, (capacity, ability, and aspirations) the stage of life they have reached, and the kind of aid needed for useful participation in community life.

McFarland, Ross A. "The Older Worker in Industry." Harvard Business Review. Vol. 21, No. 4, Summer Number, 1943. pp. 505-520.

Tests to measure the reserve powers of older workers are needed. The situation, in view of the increasing proportion of the aged in society, calls for more scientific placement, retraining programs continuously as needed, and initiation of medical program. Far-reaching plans should be instituted.

Robinson, Mary V. "Blueprints for Mature Workers." International Altrusan, December 1944. Reprint, Mimeographed, by Women's Bureau, U.S. Department of Labor.

This article describes the contribution of older women workers to the war effort, predicts a falling off in opportunities for employment after the war, recommends a community project to coordinate the efforts of government, industry, business, labor, trade and professional organizations, civic and social agencies, and various women's organizations on the behalf of the employment of older women. These groups are advised to work together in setting up a clinic on the employment problems of the older woman (such as was done in the latter part of the depression). A list of suggestions for the most promising occupational fields is given separately for professional and non-professional women.

Spears, Ethel M. "Employment of Handicapped Persons." Conference Board Reports, Studies in Personnel Policy, No. 63. National Industiral Conference Board, 247 Park Avenue, New York 17, New York. 23 pp. 1944.

This report discusses the principle of selective placement, the use of sheltered workshops as well as occupations suitable for persons with serious handicaps which apply also to some aged.

Stieglitz, Edward J., M. D. "Aging as an Industrial Health Problem." Journal American Medical Association, Vol. 116, No. 13, March 29, 1941. pp. 1383-87.

This specialist in the health problems of the aged discusses problems of aging-biological, clinical, and socioeconomic; progress in industrial medicine toward prevention; chronologic vs. physiologic age; industrial health; job placement and periodic examinations. He points to the many useful tasks the aging and the aged worker may do, and do better. Illustrations are given of employees over 80 years of age continuing at the same pay for fine precise work. "The value to plant morale and esprit de corps were immeasurable." They are useful as teachers. Aging employees can be trained gradually for occupations more suited to their capacities and limitations, especially for more and more technical responsibilities. Preventive medicine in industry should start at the top because key men are usually older men and the most difficult to replace, and they also should set an example of energetic health maintenance.

Stieglitz, Edward J. "Senescence and Industrial Efficiency." The Scientific Monthly, Vol. 58. No. 7, July 1944. pp. 7-15.

The aged change and the job should also change. Accident hazards are more severe with older workers but occur less often, hence differences in cost cancel out. Hazards to emotional balance are uncertainty of employment, inadequate promotion, excessive promotion, obligatory retirement, all of which upset the normal progression of aging.

Tibbetts, Clark and Pollak, Otto. The Employment Problems of Old Persons. Social Adjustment in Old Age, Social Science Research Journal, 230 Park Avenue, New York 1946. Processed. pp. 69-87.

This paper gives attention to the background of the problem of employment of older persons, then discusses needs for research: (1) the number who are competitors for jobs in industry; (2) do employers really object? comparison of beliefs and the facts as to attitudes toward the old; (3) facts regarding the employability of older workers, in relation to costs and returns; (4) statistical studies of age preference with lengthy comments and queries regarding employability including studies of the assets of advanced age. Particular attention is directed toward studies needed of individual differences in relation to specific job qualifications which should be substituted for efforts to apply chronological age in the determination of employability.

U.S. Department of Labor: Women's Bureau. Older Women Workers and their Problems. Release, mimeographed, 2 pp. May 14, 1945.

This release summarizes data as to the employment of women, in the United States, of 45 years of age and over in 1940 and since, and cites the estimate by the Census Bureau of 4 million by 1950. A dozen paragraphs summarize their problems, such as rehiring difficulties, need for retraining, their ineligibility for aid under Social Security programs, lack in personal qualifications, and the need for community projects to coordinate and initiate efforts in planning, counselling and training for older workers seeking employment.

U.S. Department of Labor, Division of Labor Standards. The Older Worker. Washington, D.C. U.S. Govt. Print. Office 1939, 8 pp.

The Committee urges that the idea of workers being through at 40 be dispelled as productivity does not decline and may be actually greater than that of younger employees. Any fixed age limit is unfair to many. Accident compensation costs are about the same for old and young; the older worker takes longer to recover but has fewer accidents. Private pension plans could be adjusted to do away with minimum service requirements and limitations on age at entrance thereby eliminating age as a controlling factor. The Committee strongly recommends that the Federal Civil Service Commission and appointing officers of the Government abolish age limits for entrance except for positions requiring physical strength and endurance, that the Employment Service study work opportunities to determine jobs or types of job most suitable to the middle-aged worker and when necessary put him in touch with training facilities for the new opportunities. Hiring-age limits

should be discontinued as not justified.

Wadsworth, James J. Chr. Discrimination in Employment of the Middle-Aged. State of New York. Final Report of Joint Legislative Committee, Albany, J. B. Lyon Co., Printers. March 21, 1940. 176 pp. With bibliography (pp. 163-176).

This report lists 21 alleged reasons for discrimination, each of which is dismissed as without foundation. It discusses psychological factors, the opportunity for the middle-aged to secure reemployment, the age shift in population, and efforts of employers to remove discrimination. The report then summarizes particular activities of a voluntary character undertaken to overcome the obstacles: Sales Executive Club of New York City, Forty Plus Club of New England, and the Man-Marketing Clinic of New York City and other urban centers.

Waggaman, Mary T. "Employment and the Older Worker." Monthly Labor Review, Vol. 62, No. 3, March 1946, pp. 386-396.

This article reviews efforts during the depression of the thirties to place older persons in employment, and cites recommendations for post-war policy. Efforts to place older workers include the Forty Plus Clubs, Women, Associated (Los Angeles), Man-Marketing Clinics, and Old-Age Counselling Centers (San Francisco, Los Angeles, and New York City). The difficulties older women have in obtaining employment relate to the depression more than to wartime. The War Man Power Commission's Womens Advisory Committee made recommendations with respect to working hours, wages, training and other labor standards, irrespective of sex, race or creed, and urged that they be carried over into the post-war period. Among other remedial programs and recommendations were Frances Perkins' suggestion in her final report that women be allowed earlier retirement; the Townsend Plan; the program of the Veterans of Foreign Wars for earlier retirement for veterans; the utilization of able retired professors, continuation of part-time work, and the giving of refresher and other training courses for older men and women.

Wermel, Michael T. and Gelbaum, Selma. "Work and Retirement in Old Age." American Journal of Sociology, Vol. 51, No. 1, July 1945 pp. 16-21

The thesis of this article is summed up in the closing lines: "No one would propose that the old be kept in the harness of regular employment until they drop; but it is no less cruel to place a barrier in the way of those to whom work is the breath of life." The article notes the wide use in the war of older workers, states that "by the end of 1943 only 31 per cent of all persons with wage credits who were eligible for retirement benefits— (under OASI) were actually getting them--the others were still at work," and raises the question whether it is wise or kind to try to induce or force old people to retire if they can and want to continue work, since employability of old people varies so widely. Old persons fall into 3 categories: (1) Highly skilled or professional workers who can maintain their full usefulness

until late old age; (2) Many partially employable persons; and (3) Those who are disabled. Only the third group is incapable of economic productivity. The need of the aged for and aids to making psychological adjustments are summarized including the "Old Man's Department" in the Chrysler Corporation, self-help cooperatives, old age clinics, testing, an educational program, and employment counselling for the aged.

V. BIBLIOGRAPHIES

Folsom, Joseph K., Ph.D., "Old Age as a Sociological Problem." American Journal Orthopsychiatry, Vol. 10, No. 1, January 1940, pp. 30-42.

Has a bibliography of 26 items on the older worker.

Forrester, Gertrude, Ed. D. Occupations: A Selected List of Pamphlets. New York. The H. W. Wilson Company 1946. 240 pp.

Contains a section on occupations for the handicapped, (pp. 226-229) which lists material on work suitable to those with handicaps frequently encountered in older persons, such as the hard of hearing, those with heart disease, etc. It includes valuable information for anyone seeking employment. Prof. Kitson of Columbia University in the foreword refers to this bibliography of 1,500 pamphlets as "of supreme importance to vocational guidance and to American education."

Gourvitch, Alexander. Industrial Change and Employment Opportunity—A Selected Bibliography. Work Projects Administration, National Research Project, Report No. G-5 Philadelphia, Pa., July 1939.

Has a section on the employment of older workers, pp. 149-151.

Industrial Relations Section, Princeton University. Age Limitations in Industry.

This two-page typed bibliography deals with materials issued in the early 1930's, mainly from periodicals, except for booklets issued by State industrial departments, Maryland, Massachusetts, California, and New York, on problems of the older worker, and by the Taylor Society, American Management Asso., National Association of Manufacturers, and National Industrial Conference Board.

Martin, Lillien J. A Handbook for Old Age Counsellors. San Francisco. 1944. 84 pp.

Contains a bibliography of eleven books, six of which were written by the author of the Handbook, and of sixteen pamphlets and magazine articles of which five are publications of the Old Age Counselling Center established by Dr. Martin.

Metropolitan Life Insurance Co. Selected Reading List. Appendix B of The Older Employee in Industry. 1933. 25 pp. and 2 appendices.

Contains 24 titles from the period 1925 to 1933.

Rosenthal, Erich. Bibliography on Adjustment in Old Age. 1946.

The bibliography contained in the monograph of the Social Science Research Council, "Social Adjustment in Old Age," contains, as C under III, 15 titles, "Employment of Old Persons," and as IX, "Employment Problems of Old Persons," 49 titles.

Rothblatt, Alice Flexner, Compiler. A bibliography with notes on the subject of the employment handicaps of older persons. New York, Welfare Council of New York City. 1929. 52 pp. mimeographed.

Covers mainly items from 1925-1929 and is "thought to be substantially but not minutely inclusive of all the facts and ideas recently brought forth in English on this subject." Has appended a list of studies in progress in 1929. This bibliography was made at the request of the Council's section on Employment and Vocational Guidance.

Social Security Board Library. Selected Readings on Employment and Lay-off Problems of the Older Worker. August 29, 1945. 5 pp., typed.

These references are mostly to 1930-1940 periodical literature and to a few surveys by industrial associations and State governments.

Thompson, Laura A. "The Older Worker in Industry." Monthly Labor Review, Vol. 29, July 1929, pp. 237-42.

This bibliography is annotated. The material cited is helpful to the worker and seeks to break down prejudice. Such articles are cited as Donald A. Laird's, "Through at 30, or Just Arriving at 60?"; S. E. Kiser's, "Is It Wise to Use an Age Limit?"; William Green's, "Labor Will Resist Ban as 40-Year Men". The compiler includes also arguments for doing something more for the dependent aged.

U.S. Office of Government Reports. The Problem of the Older Worker. A Selected List of References on. Mimeographed. 13 pp. 1940.

This list contains references listed under four heads: Government publications; state reports; general-books and pamphlets; periodicals.

Wadsworth, James J. Discrimination in Employment of the Middle-Aged. State of New York, Final Report of Joint Legislative Committee. March 21, 1940. 176 pages.

Bibliography has 13 pages of references; largely to periodical material reflecting the campaign to remove discrimination against older workers.

PART III—THE NEED OF THE AGED FOR LEISURE-TIME ACTIVITIES

The need of the aged for leisure-time activities assumes growing importance because of the vast increases in the aggregate of leisure-time caused by the increase in the number and proportion of aged persons in our population. For the millions of aged are now largely a leisure group. Such an enormous amount of leisure holds a dual potentiality: Cultural enrichment of the individual and of society from the constructive use of leisure time, and cultural deterioration of the individual and of society from the destructive use of leisure time. The material included in this section enlarges on both possibilities.

The prolongation of life offers enormous individual and social value. Itself the precious eventuation of long scientific research made possible by advances in civilization, long life enables men to gain perspective for use in solving problems. Simultaneously with advances in civilization, there appears in fact the imperative necessity for the prolongation of life to give the human mind more time to mature, to gain perspective, and to grow wise, in order to solve the complex problems of a complex civilization.

Hence, society is beginning to see the importance of keeping alive the mind of the aged part of the population, to enable it to function effectively throughout the entire prolonged life of modern mankind. The continued application of the wisdom and energy of mature individuals throughout a long life will raise the level of living and the level of culture, at the same time that it enriches the life and increases the enjoyment and satisfactions of the older individuals.

But it is possible also for the prolongation of life and a great increase in leisure to be abused. If accompanied by mental and moral decay, the prolongation of life might spell calamity to society. It is the part of discretion for society to lend aid in providing constructive activities for aged persons in order to prevent or displace destructive activities.

For those reasons, as well as for the individual happiness and welfare of aged persons, many thoughtful observers have written about the experience of the aged in pleasurable and productive leisure-time activities. Some studies have been made of the way certain retirants, by occupational groups, utilize their time and energy, and lists of desirable activities are cited: physical activities; intellectual exertions; and creative efforts which may combine the physical and intellectual in multiple variations. Laboratories have been established for developing and applying aptitude tests and other mental tests for guidance of older persons toward the wisest, richest and happiest adjustments possible.

Recommendations for research and for action relate to a kaleidoscopic series of individual and community needs and opportunities, such as personal or organized production in manual or mechanical crafts; sports; arts; study in a revised and vastly extended educational system designed for a shorter life span; library service; recreation facilities; shows; and clinics. Even the formation of Nation-wide organizations for the promotion of the welfare of

older people, and for the restoration and raising of the prestige and power of the aged are recommended. Ways are pointed out to salvage the appalling wreckage now seen; to prevent the waste and misery of old age; and to develop constructive individual and social attitudes toward the later years and toward preparation for them.

I. PSYCHOLOGICAL NEED OF THE AGED FOR RECUPERATIVE WORTHWHILE ACTIVITY

Anonymous. "She Knew Lincoln" The American Weekly, October 27, 1946, p. 12.

> Mrs. Eugenia Hunt is an alert spry woman past 90 years of age who published last year in the Abraham Lincoln Quarterly her "Personal Recollections of Abraham Lincoln." She is now at work on her autobiography to be called "My Ten Decades." She attributes her long life and good health to the fact that she has always had a zest for living. She is quoted as saying: "All my life I've been busy. I've loved people and politics and all sort of activities. That's what made me so strong. You can't do better than to work in the ground, gardening and raising flowers. I've been at it since I was a very little girl."

Conkey, Frances. "The Adaptation of Fifty Men and Women to Old Age." Journal of Home Economics, Vol. 25, No. 5, May 1933, pp. 387-389.

> The writer interviewed 25 people in institutions for the aged and 25 who were in families. There were 16 men and 34 women. All were eager to talk. Eight points are noted: (1) Of greatest importance in adaptation are strong or varied interests and activities; economic security, and freedom from physical handicaps; (2) Education aids in developing strong or varied interests; (3) Reading is a common pastime; (4) The radio (not jazz) is a source of pleasure; (5) Religious interests bring some comfort; (6) Former occupations may affect happiness in old age; (7) Association with young people may aid in adaptation; (8) Living in the past hinders good adaptation.

de Gruchy, Clare. Creative Old Age. Old Age Counselling Center, San Francisco, California, 1946. 143 pp., p. 110.

> "The unhappy results of their past concept of the aim of life (mere preservation) as exemplified in the bored, idle, useless old of today, is evidenced by the aroused interest in their plight, in the growing realization that they have gained or are receiving economic security, but at the price of remaining immobilized, thus losing their hold on life today, and suffering premature death of mind and spirit." p. 110

> "...what is needed instead is the self-fulfillment of the individual, through securing for him an opportunity for growth in his preferential field of interest."

Frank, Lawrence K. Live Long and Like It - Conservation of our Human Resources. Address at the preview of an Exhibition on Old Age, Its Needs, Resources and Capacities, November 14, 1945. The Welfare Federation of Charities, Cleveland, Ohio. Mimeographed. Gratis. 4 pp.

A specialist in old age problems who is connected with the Caroline Zachary Institute of Human Development of New York sounds a warning note as to the need of a policy to guide us in "the innumerable programs, decisions and operations" urgently necessary to insure an expanding domestic market, flexibility and enthusiasm in the facing of political situations, and the making of social changes and explorations, when we have an old age pressure group opposed to innovation and "concerned only with their own security and comfort." Large scale planning and a reorientation of the many working in the field with conflicting prescriptions are imperative. Major responsibility is placed on the individual to create a design for living with some basic integrity and fulfillments. Ills not due to normal aging but to unwise living and neglect, and incessant worries could be avoided. The individual alone can break out of the imprisoning walls of fixed living habits and beliefs. Such a design for living will include "hobbies, arts and crafts, anything in which they can feel they are competent—and can handle material—creatively." Volunteer services offer opportunity in some new fields, to learn and do new tasks. We have barely started on the undertaking of human conservation.

Gumpert, Martin, M. D. You Are Younger Than You Think. New York, Duell, Sloan and Pearce. 1944. 244 pp.

Chapter Three, "Normal Old Age" contains numerous constructive suggestions about leisure time activities. Mental power, the author considers, is the most precious and distinguished possession of elderly people. They should develop it as fully as possible. He recommends that the education of elderly people should become an integral part of adult education: All over the country, university courses or even special universities to teach mental and physical adaptation to a new pattern and new occupations. Emphasis in old age should be a new exploration, and to change to what one really wants to do. The aged should learn energy-saving without lowering standards of achievement. Long hours and monotony, long trips to work should be avoided; heights of the work bench should be properly adjusted, fatigue avoided; rest and relaxation should be well used. Four general rules are given: (1) Keep up activity; (2) Save energy; (3) Shorten intervals of rest and exercise; (4) Use common rules of personal efficiency.

Hochhauser, Edward. Work Therapy, Interests, and Activities. in New Goals for Old Age, Edited by George Lawton. Columbia University Press, 1943. 210 pp.

This article describes work as a means to retain a maximum of health and satisfaction of patients and an opportunity to make an economic contribution to their own support. But the work should always be for the benefit of the patients not of the institution. Also cited are instances where compensation for work performed by sale of articles made enhanced the psychological benefit. Through projects old people who work in solitary fashion may be led to join in with others.

Hunt, Jane; Ashcraft, Kenneth; Johnson, Granville B. "A Further Study of Recreational Therapy." The Research Quarterly. American Association for Health and Physical Education. Vol. 9, No. 1. March 1938. pp. 60-63.

At the Psychopathic Hospital of the University of Denver School of Medicine, the Department of Physical Education of the University made a study of recreation as a possible valuable supplement to the therapeutic techniques already employed. The patients (about 150) were from 15 to 65 years of age; all types of patients participated in the program. Most of the patients suffering from mental disease "did not show a history of a normal play life," and many "could trace their difficulties to the injudicious use of their leisure time. The patients who participated in the program had better appetites for food, slept better; seemed more cheerful; and many developed new interests and enthusiasms. The greatest opportunity lies with treatment of the schizophrenic.

Landis, J. T. "Hobbies and Happiness in Old Age." Recreation, Vol. 35. No. 10. January 1942. pp. 602, 641-642.

The Sociology Department of Iowa State College selected and interviewed 450 people from 65 to 98 years of age. Those who have developed hobbies are better adjusted than those who have none. Men are interested in hobbies which require physical strength, like hunting, fishing, and athletic sports, hence may have to give them up in later years. For women who have been interested in needle work, quiltings, making rugs, and such hobbies, it is usual to keep on with them; also they usually keep on with household responsibilities. Perhaps the fact that women live on an average 3 years longer than men may be due to their not facing the shock of giving up their work and hobbies as men do. If a farmer retires, he should go to a small town where he can raise a garden, keep a cow and chickens and continue on a small scale the type of life he has lived. For the aged person, the small town is a lively place where social life is easy, such as visiting with friends, going to lodge, church, and ladies' aid. The happy aged are the ones who have plans for the future, and do not live in the past. The happiest visit with friends often and attend church regularly.

Lawton, George. "A Discussion Group of Old Persons Whose Average Age was 75." Jounral of Adult Education, October 1939. pp. 387-395.

This psychologist and specialist in gerontology discusses some of the problems and interests of residents in homes for the aged. He had led a weekly discussion group of persons from 65 to 89 years of age for 9 months during 1938-1939. About 40 attended though 6 or 8 only, regularly. At first the leader lectured for half an hour, then changed his method to 5-minute preliminary remarks followed by discussion. Among the topics discussed were (1) characteristics of old age which are listed; (2) chief causes of unhappiness in old age, listed; (3) sources of contentment, listed; (4) factors needed for greater happiness in the home; and (5) inventory of chief recreations open to them in the home. The group expressed appreciation of the discussions as leading to greater understanding, reduction of petty complaints and difficulties, a more objective attitude. As a method for research, the author considers private talks more fruitful, and lists desirable facts to be gained from scientific knowledge of later maturity, such as personal adjustment and proper utilization of the resources for living by older persons.

Morgan, Christine Margaret. "The Attitudes and Adjustments of Recipients of Old-Age Assistance in Up-State and Metropolitan New York." New York, Archives of Psychology, No. 214, 1937. 131 pp. especially chapter 8, "Recreation and Attitudes Toward Life," pp. 66-78.

This study was financed by a fund given by the class of 1880 of Vassar in honor of one of the members of the class, Dr. Lillien J. Martin and her psychotherapeutic work at the Old Age Center in San Francisco. Through the courtesy of the New York State Department of Social Welfare, the author of the study was able to interview 396 persons receiving old age allowances who were "mentally normal, self respecting old people who still lived in the general community and were able to manage their own affairs." All were 70 or over. Almost one-third found time "hanging heavily on their hands" and the happiest were the busiest. About two-thirds reported hobbies; 47 percent of the Happy group have hobbies while only 17.1 percent of the Unhappy have them. The men's hobbies are gardening, cards, baseball, reading, fishing, and music; the women's sewing, embroidering, gardening, reading, cards, housekeeping, church work, listening to music. When asked about their recreation, these persons refer back to their hobbies. Twenty-two percent do and 78 percent do not make plans for the future. These plans include fixing up the home, making a garden, moving to other living quarters (in one case to a room over a store in a busy business area "where things were going on"), getting a job, "all sorts of things." Some said they wished they had a better education. Some wished they had learned a great deal of poetry in case they become unable to read. There was little difference in age between the Happy and Unhappy groups. Chapter 10 discusses opinions about old age of 55 older persons from Who's Who in America; they too emphasize the importance of having plenty to do in order to be happy. (page 94).

Riggs, Austen Fox, M. D. Play: Recreation in a Balanced Life. Doubleday Doran & Co., Garden City, New York 1935. 239 pp.

Play is as necessary as work to balance life. It becomes increasingly important as decades pass. Examples are cited of men who have tried to crowd all their life's work into one period, then retire and crowd all their life's play into the final period. The unbalance made both periods unsatisfactory. Play is the necessary yeast, the invigorating ferment. In middle age, hobbies should be developed, and regular time should be spent in play and in indulging the contemplative mood in instructive or amusing reading. Leisure can be enjoyed only if the inner resources are kept alive to circumvent boredom and loneliness in old age which should mean not "retirement" but the proper work-play ratio.

Ross, W. A. "Visions and Memories." Public Administration (London) Vol. 23, No. 1, Spring Number, 1945. pp. 54-56.

This review of a selection from the writing of H. W. Nevinson (Oxford University Press), much of it written after the age of 80, refers to an article written in 1938 about the "League of Age," which had as its motto "The Older the Bolder." Since the remainder of life is inevitably short, "it is natural... to become adventurous. The aged have less and less to risk or lose, so that now at last they may confidently practice the attractive virtues of rashness, recklessness, and open-handed generosity." Nevinson writes of the Victorian authors, the Bible, Roman literature, and the Ancient Greeks. One of his favorate quotations is the reference in Sophocles' Antigone to "these divine and spiritual laws which are not of today or yesterday, but live for ever, and of their origin knoweth no man." These are from the laws which the great teachers and writers of the past endeavor to understand and expound. His poems express longing to return to London and mix with the crowds: "In London town I taller seem to stand, six inches than before." Mr. Ross adds to Nevinson's motto "The Older the Bolder" the saying of Diogenes the cynic when some one suggested that as he was an old man, he should take a rest. "What?" replied Diogenes, "if I were a runner in the stadium should I slacken my pace when I approached my goal? Should I not rather put on speed?"

Simon, Leon Gilbert. "The Road to Retirement." The Spectator Vol. 153, No. 12. June 1946

Mr. Simon describes a visit to a gentlemen who had recently retired at age 65 and was near a nervous breakdown. He had income and economic security but no intellectual security. He had concentrated entirely on his business and had become its slave. This case was used to point out the road to satisfying retirement. Cash is not enough. One's "mind should be the meeting place of many diversified interests that have been exercised and nourished over the

years." He quotes Goethe who said: "No man can be lonely who has the companionship of great books and great music." Education and culture are absolutely essential. If we heed the voice of art, music, and literature, "retirement will no longer be portrayed as a picturesque sunset, but rather as high noon, with its peak of radiance, refreshing vitality, and invigorating warmth."

Smith, Gertrude A. "What are the Case Work Needs of the Aged?" National Conference of Social Work, Seattle; Proceedings. University of Chicago Press, 1938. 802 pp. pp. 587-595.

The medical social worker of the Benjamin Rose Institute, Cleveland, Ohio, mentions the emotional manifestations commonly seen in aged persons especially anxiety, suspicion, and hyper-independence. These assume such proportions because they have too much leisure time and should have recreational or leisure-time activities provided. A case is cited of a musician, aged 70, who was encouraged to return to the piano, after she had lost her means; she was given a few lessons and the hope that she might again appear in public as a pianist and bring happiness to others. Her adjustment was thereby made more satisfactorily.

Thewlis, Malford W., M. D. "The Art of Geriatric Practice." North Carolina Medical Journal, Vol. 5, No. 12, December 1944. pp. 580-583 (with discussion by Dr. Edward B. Allen)

Since World War II many of the elderly have nothing to focus their thoughts on. Dr. Thewlis had visited an old man of 89 to see if he was capable of handling his affairs and found him following the war intelligently with maps, missing nothing. Others who were employed in wartime will fade out, through lack of interest, mentally and emotionally, and die, if they do not retain their positions. The development of interests is vital.

Wolfe, W. Beran, M. D. A Woman's Best Years: The Art of Staying Young. New York, Garden City, Garden City Publishing Co. 1946. 268 pp. $1. (Reprint edition of 1935 Edition by Emerson Books, Inc.)

From case histories of more than 100 women, a psychiatrist offers to aging women the information that the years of maturity can be the best years. In three sections, "Women at Play," "Hobbies for Women," and "Why Be a Neurotic?" (pp. 188-195) Dr. Wolfe points out the heritage of leisure of modern times based on mechanical "slaves"; upon leisure was built the Golden Age of Greece. "We stand today at the threshold of another golden age, if we but seize our opportunities." He suggests the study of a language, the collection of books, china, or paintings, the creative arts, "the creation of political, social or cultural institutions." He suggests one avocation for solitude and other avocations for practice with other human beings. One woman, headed for a nervous breakdown, learned how to make vases from clay and a potter's wheel; she became an excellent potter and "has not had a sympton in years." Other cases are cited. The author points to the unrivalled opportunities for study and recreation today: cheap books, radio, drama, music, "the great history of human civilization."

II. SOCIAL VALUES OF LEISURE-TIME ACTIVITIES FOR THE AGED: CONTRIBUTIONS BY AGED TO SOCIETY, AND OBLIGATIONS OF SOCIETY TO PROVIDE PURPOSEFUL ACTIVITIES FOR AGED

Barker, Lewellys F. Aging from the Point of View of the Clinician. In Problems of Aging, Second Edition. Edited by E. V. Cowdry. Baltimore, Maryland 1942. 936 pp. chapter 31, pp. 832-854.

The author considers that great longevity of the population might become a calamity to society "unless intellectual and moral decay can be prevented, as well as the tedious diseases of old age." This chapter discusses physiologic changes in old age and, as a protection to society as well as the individual, advises against narrowing the horizon of interest in old age. He points out that intellectual pleasures may even increase; judgment as to the significance of happenings may become sounder; concern over the welfare of others and the good of society may grow; and the joys of meditation and contemplation may be greater than in earlier periods of life. The wise clinician will help older people plan for altruistic, social and literary interests or for travel, even extensive travel by sea. In conclusion, Dr. Barker suggests, as a social measure, the formation of an American League for the Promotion of the Health and Welfare of Elderly People as a Nation-wide organization having local branches.

Frank, Lawrence K. The Older Person in the Changing Social Scene. New York. Columbia University Press. In New Goals for Old Age, Edited by George Lawton, 210 pp. See pp. 34-49.

The intensification of the trend toward speed in living and toward the elimination of handmade products is resisted by older people used to other ways in their youth. Confusion and conflict are present in society because of delay in the necessary readjustments in our laws and customs. Instead of making a living, we devote ourselves to earning a living. As people live longer, they are being retired from earning earlier, thus leaving a long period of inactivity often accompanied by dependence and frustration. At the same time that we face even greater social reorganization, our population has more older people incapable of making the necessary readjustments. Our educational process is "almost deliberately designed to create frustration and defeat" in the individual. Society needs to help older individuals to develop ways to exercise their drives; to keep in the current of life rather than to retreat from it; to find modes of release and expression in activities that bring them a personal satisfaction, as in handcrafts and occupational activities adjusted to their pace. "Our...task is to create a reality that would fit human needs and values... We need a great many new roles for old people." At the same time we would be doing a great deal for society. We must find some way "of making the transition from maturity to old age with a minimum of the destruction, wastage, unhappiness, and misery that now obtain so widely," and that hold back progress.

Hall, G. Stanley. Senescence: The Last Half of Life. D. Appleton & Co. New York. 1923. 518 pp.

In his extensive study of senescence, considered one of the best treatises on old age ever produced, Hall sets forth the need of society for the productive and wise utilization of the later years. Leisure gives freedom to revise views and gain perspective and wisdom. Just in proportion as civilization advances, the need of older and wiser persons increases.

Old Age Counselling Center. Old Age and the Future. San Francisco, California, Old Age Counselling Center, undated. 8 pp.

This brief analysis calls attention to the exiling of old people from the working community after the coming of the machine age. Few people realize that the present uselessness of old age is due to social habits which can be altered, or the danger to society of a large and increasing proportion of the population which is stagnant and may become explosive. By discovering new interests and developing modified or new constructive activities in their abundant and demoralizing leisure, old people "can put the treasures of their experience at the service of others and become an asset instead of a liability to the world."

Pitkin, Walter B. The Best Years: How to Enjoy Retirement. New York. Current Books, Inc. A. A. Wyn, 1946. 194 pp.

The thesis of this book is that both individuals and society will gain vastly from the best use of the later years. Most older people are not using over 1 percent of what they have. They could contribute a great deal more during their later years than they do. Society needs these contributions in order to raise the standard of living and the level of culture. The aged can not only enjoy all of life but can help to improve the world too through the wise and productive use of leisure time. Many ways are discussed in this book.

Stieglitz, Edward J. "Wise Investment of Leisure." Scientific Monthly vol. 51. No. 8. August 1940. pp. 147-157.

This paper emphasizes the national as well as the individual importance of the wise use of leisure time. It concerns the Nation so vitally that Stieglitz considers the most searching single criterion of citizenship how a citizen uses his leisure. Because older people have so much leisure, it is of great importance to the Nation to have it used wisely and a great hazard to have it used ill. The abuse of leisure characterized the decadence of nations. Stieglitz urges stimulating the use of leisure by individuals in noncompetitive creative activity as listed. Such use benefits physical health, promotes intellectual growth, emotional satisfaction and happiness. The cultural values thus gained are an incalculable gain to the community which needs to revise its educational system in view of this situation.

Stieglitz, Edward J. The Second Forty Years. Philadelphia and New York. J. B. Lippincott Co. 1946. 317 pp.

Chapter 12, "An Aging People", discusses the great importance to society of maintaining normality in that proportion of the population considered old. On account of the need of society for their continued contributions, social adjustment to the problem of an aging population should be made all along the line, not only by older people themselves. The educational process should be continuous; all social institutions should adapt themselves to changing situations; the sciences should apply themselves to the needs of the aged in order to preserve the older part of the population in whom experience and wisdom dwell, because the more complex a civilization becomes, the more imperative becomes the need for the superior wisdom of older persons.

Thewlis, Malford W., M.D. The Care of the Aged: Geriatrics. St. Louis. The C. V. Mosby Co. Third Edition. 1941. 579 pp.

Inflexibility in the senescent brain can be a brake on social progress and tolerance unless gericulture provides an offsetting influence so that individual rigidity and maladjustments can be prevented. As habits are hard to change in older people, it is important that a balanced mode of living with plenty of relaxation, emotional balance, a cheerful and healthy philosphy of life, and active interest in things about one should be developed in the younger years. Geriatrics will thus lead to the great betterment of society as a whole.

III. VENTURES IN CONSTRUCTIVE LEISURE-TIME ACTIVITY BY AND FOR THE AGED

Alderstein, F. R. "Full Lives for the Aged". Recreation, Vol 39 No. 9. December 1945. pp. 464-469, 496.

The Director of Public Relations of the Welfare Council of New York City considers that no group in that great city is less able to cope with it than the aged of whom there are half a million. "Many of them live alone and look it, feeding on nostalgia instead of on hope. But the aged can make their contribution, too, if only we open wide the doors of our community facilities to welcome them." He tells of the Yorkville Civic Council, a federation of social, health and recreational agencies of eastern Manhattan, which began a program of recreation for the aged by Sunday afternoon tea parties in settlement houses. A motion picture screen was set up ringed with tables of refreshments. Success led to the use of the facilities for sewing, reading carpentry and music at Lenox Hill House. Hunter College then entertained the old people. The old ladies sew for themselves and for the Red Cross and local hospitals. A professional "clothes clinic" is under discussion as a source of income. The Council sent a message to a selected list of social, health and recreation agencies describing its work and asking each agency to consider how its program might be adapted to meet the needs of the older people so that "we may channel back to the main stream these members of our community."

Anonymous. "As Young As They Feel". Recreation. Vol. 37 No. 8. November 1943, pp. 435, 471.

Founded in 1939 the Friendly Club of Birmingham, Alabama, average age 75 years, is composed mainly of grandmothers, though it has one grandfather. This one wrote a one-act play which the club produced in the Community House. The members are "determined not to sit on the sidelines" when there is fun to be had and do "anything they please" at their club meetings "from chatting to cutting a rug." They play cards, crochet, knit, weave on small or large looms, play checkers, produce skits, listen to talks, join in a sing. Their activities attract much friendly attention in the press because of "that zestful living spirit that won't let a person get old in mind."

Anonymous. "Fun at Sixty". Journal of Gerontology. Non-technical Supplement, Vol. 1 No. 1 part 2. January 1946, p. 61

This brief note cites an article in Everybody's Digest, January 1946, condensed from Christian Advocate. A minister of the Christ Methodist Church enlisted the aid of the Philadelphia Council of Social Agencies and established the

Golden Age Club, a recreation center to combat the ravages of old age. Its regular weekly meetings, financed by the churches, offer movies, book reviews, hobby programs, picnics and bostrides. It offers elderly people a place to go, something to do, and something to look forward to each week. It gives them a chance for companionship, recreation and something to do besides brood over their troubles or past memories. Weekly postcards are sent to everyone announcing the next program

Anonymous. "Fun Begins at Seventy". Recreation, Vol. 35, No. 11, February 1942, p. 697

This article is condensed from This Week. In 1929 two lonely old men met on a park bench in Florida and complained of having nothing to do. As a result, they organized in Miami the "Three Score and Ten Club." Eight other clubs have been formed elsewhere. The Brooklyn, New York club has 300 members. The fee is one dollar a year.

The meetings provide spontaneous entertainment. The last Friday of the month is especially festive with a dance, a party, and a show. The old people do everything themselves, with every member doing something. Hobbies have been developed by the members as a result of the stimulus they have received from the clubs.

Anonymous. "Began Famous Career at 77". Townsend Weekly, March 2 1946, p. 3.

Anna Mary Robertson Moses, 85-year old grandmother of Eaglebridge, N. Y., proudly displays one of her prize paintings at the women's 22 international exposition of arts and industries at Madison Square Garden, New York City. Although Mrs. Moses did not start painting until she was 77, she is now one of the leading primitive painters!

Armstrong, Florence A. "James Whitcomb Riley Club of Indianola Does Good Work". The Register Leader, Magazine Section. Des Moines, Iowa. August 18, 1912.

This article describes a club of women organized for recognition, calls, a birthday box of foods, and an annual banquet to all citizens after they enter their 80th year. Every person over 80 is called upon every month or more often. The function of the club is recreational purely, not charitable, not religious, not literary. The people of the town look forward to becoming 80 years of age so they can participate in the pleasures of the Riley Club. (After 42 years of existence, this club continues its work, in 1946, for 100 aged persons.)

INTENTIONAL SECOND EXPOSURE

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Arnestein, Leo. "Community Center for Old Timers". Recreation, Vol. 37, No. 9, December 1943, pp. 513, 528.

The Commissioner of Welfare of New York City recounts how social workers, ever since the inauguration of public assistance for the destitute aged of New York City in 1931, have recognized that old people need something more than mere cash grants to cover their physical needs. Loneliness and lack of recreational opportunities loom large to the aged. The Department of Welfare opened an Old Timers Club at the William Hodson Community Center as an experiment. More than 350 old age assistance recipients dropped in for the opening ceremonies. There is a spacious room for lounging and games and another large room for vocational and educational programs. The Club is open daily from 1:00 to 5:00 pm, and regular classes are held in arts and crafts, music appreciation, dramatics, English, sewing, and other subjects. Table games are available. The members enjoy working for the Red Cross. One aged man, an expert cabinet maker is an instructor in remodeling furniture. Bronx House has a club of 50 members, over 65 not restricted to recipients of old age assistance.

Bing, Lucia J. "Live Long and Like It: Cleveland's Exhibition for the Aged". Public Welfare, Vol. 4, No. 3, March 1946, pp. 63-65.

The secretary of the Committee on the Aged and the Chronically Ill of the Welfare Federation of Cleveland describes in sprightly vein an exhibition of 2,267 articles brought in by 250 persons in a hobby show of products of persons past 65 years old. The exhibit sponsored by the Cleveland Press lasted for 7 weeks. It was viewed in four weeks by 7,500 persons. A local theatre gave a war bond to a "Wonder Man" of 88 and a "Wonder Woman" of 98. The main purpose of the exhibit was to focus public attention on old age, and to show its potentialities in community life. The Cleveland Committee on the Aged is using the experience as a basis for a five-year plan. Statistical material was used at the show for educational purposes, and is available to interested persons.

Bentley, Hubert E. "Capitalize Your Hobby". The Christian Science Monitor, March 10, 1945, p. 9.

This story of hobbies put to good use includes one of a woman who loved and understood dogs, who, in her later years as a widow whose daughter married and left, bought an acre just outside the city which she developed into a boarding home for dogs. She had thus an interesting and profitable experience.

The article describes also the making of articles out of plastics, a popular hobby easy to pick up. Small plastic shops, for which $25 would furnish the necessary tools, should find a ready market for their output. "An American folk art or craft is on its way."

Broadley, Margaret E. Square Pegs in Square Holes. New York. Doubleday Doran. 1943. $2.50. 211 pp.

This volume describes the work of the Johnson O'Connor Research Foundation, Inc., a human engineering laboratory. The 16 aptitudes which are now measurable are listed, and tests are described. The application of tests to the problems of individuals who sought an appointment, at a fee, makes up most of the book. Hobbies are recommended for the utilization of aptitudes not otherwise in use. By this method, individuals attain a better balance and peace. The problems of several middle-aged and aged persons are analyzed and the solutions are described, among the numerous cases cited. Pamphlet is available on request to laboratory at 11 East 62nd Street, New York 21, New York.

Chase, Morris. "Recreational Needs of the Aged". National Conference of Social Work. Seattle. Proceedings. University of Chicago Press. 1938, 802 pp. esp. see pp. 596-605.

The New York City Department of Welfare, through its Old Age Assistance Division, arranged a series of entertainments in the various sections of the city for its elderly clients and found great response and appreciation. These were musical and vaudeville entertainments. Then a "Treasure Show" was given of lovely things collected or made as hobbies. An exhibit hall at a settlement house was obtained. Entries from clients and other elderly persons and from the occupational therapy departments of some homes for the aged filled the hall to capacity. The exhibitors were "courted and merited praise" once more and felt in the current of life. The exhibit was seen by 2,500 people and was given much publicity in the newspapers during its two weeks. "The most significant and promising activity" was considered the weekly discussion groups then undertaken: on civic problems, healthful living, and contemporary history. Workshops for the elderly are recommended for adequate programs; continuous planning is required.

INTENTIONAL SECOND EXPOSURE

Arnestein, Leo. "Community Center for Old Timers". Recreation, Vol. 37, No. 9, December 1943, pp. 513, 528.

The Commissioner of Welfare of New York City recounts how social workers, ever since the inauguration of public assistance for the destitute aged of New York City in 1931, have recognized that old people need something more than mere cash grants to cover their physical needs. Loneliness and lack of recreational opportunities loom large to the aged. The Department of Welfare opened an Old Timers Club at the William Hodson Community Center as an experiment. More than 350 old age assistance recipients dropped in for the opening ceremonies. There is a spacious room for lounging and games and another large room for vocational and educational programs. The Club is open daily from 1:00 to 5:00 pm, and regular classes are held in arts and crafts, music appreciation, dramatics, English, sewing, and other subjects. Table games are available. The members enjoy working for the Red Cross. One aged man, an expert cabinet maker is an instructor in remodeling furniture. Bronx House has a club of 50 members, over 65 not restricted to recipients of old age assistance.

Bing, Lucia J. "Live Long and Like It: Cleveland's Exhibition for the Aged". Public Welfare, Vol. 4, No. 3, March 1946, pp. 63-65.

The secretary of the Committee on the Aged and the Chronically Ill of the Welfare Federation of Cleveland describes in sprightly vein an exhibition of 2,267 articles brought in by 250 persons in a hobby show of products of persons past 65 years old. The exhibit sponsored by the Cleveland Press lasted for 7 weeks. It was viewed in four weeks by 7,500 persons. A local theatre gave a war bond to a "Wonder Man" of 88 and a "Wonder Woman" of 98. The main purpose of the exhibit was to focus public attention on old age, and to show its potentialities in community life. The Cleveland Committee on the Aged is using the experience as a basis for a five-year plan. Statistical material was used at the show for educational purposes, and is available to interested persons.

Bentley, Hubert E. "Capitalize Your Hobby". The Christian Science Monitor, March 10, 1945, p. 9.

This story of hobbies put to good use includes one of a woman who loved and understood dogs, who, in her later years as a widow whose daughter married and left, bought an acre just outside the city which she developed into a boarding home for dogs. She had thus an interesting and profitable experience.

The article describes also the making of articles out of plastics, a popular hobby easy to pick up. Small plastic shops, for which $25 would furnish the necessary tools, should find a ready market for their output. "An American folk art or craft is on its way."

Broadley, Margaret E. Square Pegs in Square Holes. New York. Doubleday Doran. 1943. $2.50. 211 pp.

This volume describes the work of the Johnson O'Connor Research Foundation, Inc., a human engineering laboratory. The 16 aptitudes which are now mersurable are listed, and tests are described. The application of tests to the problems of individuals who sought an appointment, at a fee, makes up most of the book. Hobbies are recommended for the utilization of aptitudes not otherwise in use. By this method, individuals attain a better balance and peace. The problems of several middle-aged and aged persons are analyzed and the solutions are described, among the numerous cases cited. Pamphlet is available on request to laboratory at 11 East 62nd Street, New York 21, New York.

Chase, Morris. "Recreational Needs of the Aged". National Conference of Social Work. Seattle. Proceedings. University of Chicago Press. 1938, 802 pp. esp. see pp. 596-605.

The New York City Department of Welfare, through its Old Age Assistance Division, arranged a series of entertainments in the various sections of the city for its elderly clients and found great response and appreciation. These were musical and vaudeville entertainments. Then a "Treasure Show" was given of lovely things collected or made as hobbies. An exhibit hall at a settlement house was obtained. Entries from clients and other elderly persons and from the occupational therapy departments of some homes for the aged filled the hall to capacity. The exhibitors were "courted and merited praise" once more and felt in the current of life. The exhibit was seen by 2,500 people and was given much publicity in the newspapers during its two weeks. "The most significant and promising activity" was considered the weekly discussion groups then undertaken: on civic problems, healthful living, and contemporary history. Workshops for the elderly are recommended for adequate programs; continuous planning is required.

DeGruchy, Clare. Creative Old Age. Old Age Counselling Center, San Francisco, California. 1946. 143 pp. Price $2.75.

There has been much interest in the pioneer work of the San Francisco Old Age Counselling Center which applied the principles of psychology to rehabilitation of the aged mainly through consultation, hobbies and constructive effort. This publication describes, through cases, how the clinic operates. (1) A bitter, formerly prominent bombastic old man, through consultations changes his point of view about his right to dictate to others and became a reasonable balanced person; (2) An old nursemaid gained self-development and a place for herself by painting; (3) An old crippled woman learned to make pencil boxes and toys; then she held classes of children who longed to use the jig saw themselves; (4) a lonely old widower who had gone downhill regained control over his mind, resumed his contacts, and began again to write verse; (5) A well-to-do but unhappy widow developed her initiative, began to make her own decisions about her life, and fulfilled an old desire to study and visit Mexico; (6) A chronic diabetic, a former hotel manager, on old age assistance followed medical instructions as to diet and fresh air, learned how to handle a truck on a milk route and then became a conductor on a cable car; (7) A man with a palsied right hand learned to carve miniature furniture; (8) A lonely old lady, interested in California history, developed lectures and conducted tours; (9) An apathetic old man interested in the desert, undertook to arrange natural looking groups of small cacti for sale or gifts; (10) A jaded old lady organized a dental clinic in a mission school for children; (11) A hundred-year-old woman learned with interest and pleasure how to make baskets for exhibit and sale; (12) A deaf old lady longing to sculpt, learned figure drawing in charcoal, then modeling in plaster, and enjoyed modeling heads of children and servicemen.

Under the head of group projects are listed a discussion group on practical politics designed to enable old people to take their place in a democratic community; and a farm run cooperatively, and finally sold at a profit, by aged individuals under the direction of Dr. Lillien Martin, the aged director of the clinic.

Detroit Housing Commission. Community Expression: Special Activities. Detroit, Michigan. Tenth Annual Report of the Commission. 1944.

An Old Folks Group, composed of men and women of over 50 years of age who live on the east side has been recently formed at a public housing enterprise, Brewster Homes. Social afternoons consist of a musical program followed by table games and chatting. Especially enjoyed are group singing of religious and sentimental songs. Workers from the State Old Age Department assist in the planning and supervision of the program. One of the features is celebration of every member's birthday according to the month. This is the second group for aged persons that has been formed in the housing projects. Parkside Homes began an Old Folks Group in 1942. Church services and Sunday schools in the Community Building have enjoyed a good attendance. Other activities include the showing of educational and social movies, maintenance of library service, and holding community sings and story hours. The Victory Garden program proved highly profitable.

Giles, Ray. "Why Not Rehearse Your Retirement? Are You 30? 40? 50? Older? No Matter, Start Giving All the Time You Can To Something You Really Want to Do. It Can Mean Extra Years of Happiness and Achievement Long After You Leave Your Job". Better Homes and Gardens, Vol. 24, No. 12. August 1946, pp. 40, 80.

The illustrated article here cited refers to numerous older persons who have developed creative activities in the following fields: politics, model making of automotive equipment, writing, reading, studying, painting, china painting, philanthropy, and handmade articles of all kinds for the home. In zestful popular vein, the author says that when money income goes down, one's psychic income should go UP, and that planning for old age, one's second Coming Out Party should begin early.

Hall, Edward T. "The Creative Urge in Older People". The New Goals for Old Age. George Lawton, Editor, New York, Columbia University Press, 1943, pp. 128-131.

The director and founder of the Universal School of Handicrafts in New York City describes the work of older people in the school. Studies of thousands of people of all ages suggest that each person has the urge for individual expression; each has a preference for a medium of expression. Some are drawn to the clay and take to sculpting; some are drawn to weaving;

pounding in copper appeals to others; spinning and dying as well as weaving prove fascinating to still others. Bookbinding, work in leather and pewter, and other crafts enable old people to rediscover themselves; and congenial creative work proves to be "the Vitamin V in human behavior."

Kelley, Eleanor P. "Occupational Therapy as Mental Hygiene for Retired Persons". Occupational Therapy and Rehabilitation, Vol. 22, No. 3 June 1943, pp. 143-145.

In the Milwaukee Protestant Home for the Aged housing 168 residents, the management felt the need "for organized stimuli to prevent. . . residents from confining their interests to the trail between bedroom and dining room". Entertainments did not sufficiently utilize the spare time and energy. An occupational therapist developed handicrafts until 70 per cent engaged in it. The groups in the shops create a friendly social feeling. The type of work varies widely and includes woodworking, clock and watch repair, leather belts, decorated trays, and waste baskets, weaving (including linen for the dining room), Red Cross work, rag rugs, and other articles.

Perfect articles are placed on sale. Advertising for the main sale in November consists of sending out 2,000 invitations to a carefully developed list of persons interested. Sales from display cases are made constantly. Refreshments are served at the annual sale. The cost of materials and 10 percent for helpers are deducted and the residue goes to the maker. The medical director recognizes the preventive effect of these activities and the favorable effect on the amount of hospitalization.

Levin, Harry A. "Creative Energy is Ageless. The Experience of the Hodson Memorial Center Proves the Value of Constructive Recreation". Better Times, May 10, 1946, pp. 9-10, 13.

The director and founder of Hodson Center describes an experiment started in 1943 in the old Borough Hall Building in the Bronx. Three hundred fifty people participate whose average age is 74 years. At least 125 go to the center every day. The Greater New York Fund contributes $3,500 annually. The community gives the work materials--beads, wool, paint, wallpaper. The New York Public Library delivers books and magazines once a month. News dealers supply papers. Birthday celebrations are held once a month for all born in that month. The group prints a quarterly of members' contributions.

The health of members has improved. A foundation to develop day care centers for aged is recommended. Such a foundation could combine the active forces interested in the problems of the older person, make available the newer knowledge in the field, encourage research, stimulate schools of social work to meet the need for leadership, and coordinate the activities and programs of the centers.

Mathews, William H. Adventures in Giving. New York. Dodd Mead and Co. 1939. 252 pp. pp. 137-141.

Besides outings for boys and girls, Mr. Mathews arranged for outings for old people on a six-acre fruit farm in North Germantown, Columbia County, New York. The owner who had lived on it for 40 years, caring for an invalid mother for many years, turned over the house and crops to the Association for Improving the Condition of the Poor after his mother's death. The farm, called henceforth "Sunset Lodge", served for twelve years as the scene of 3-week summer outings for old men and women from New York City. The pleasure and excitement of the aged guests are described in the pages cited. The larger home for the aged acquired after Sunset Lodge burned down, Ward Manor, also was the scene of recreational activity. Mr. Mathews describes some of it: "For several years my own Christmas has been spent at a gray stone manor house in Dutchess County, the home of some 90 elderly people . . . I am always glad to get into an automobile with some of my associates and start for the country. Arrival at 10 in the evening gives ample time before midnight for trumpet blowing and carol singing in and about the house. Then . . . leave Christmas packages to be found in the morning at the breakfast hour." He also supplied recreation on his own for his aged friends.

"I am fond of Christmas week parties. . . I always finish the Christmas season with one big party of my own in the city, at which the guests are those who spend summer vacation time at Sunset Lodge, those who work at the Crawford Shops, and other old folks I know . . . I think it is a grand finale to the old year and a joyous start into the new. I intend to continue this custom as long as I am about."

He refers in his book to the fact that the Home for Aged and Infirm Hebrews has a library for the enjoyment of its residents, use of which is extended to old people who live nearby.

McKeever, William Arch. Campaign Against Old Age. Oklahoma City, Oklahoma, School of Psychology Press. 209 pp. 1937.

Chapter IX (pp. 71-80) "Constructive Leisure for Maturates" points out that old people must find their own fun, for none is provided for them. As a leisure program for old age, the author, who has a school of a thousand persons over 70, suggests a checker-board center, a horseshoe hang-out, a croquet court with other games, a literary society, a writers' club, a debaters' club and a readers' club, with ideas about running such groups. Giving the old people the right radio programs and getting them out to interesting meetings, after analysis of their suitability for keeping old people normal, are suggested. The main thing is to keep the mind alive. The author considers it harder to get younger people to take an interest in the aged than it is to get an older person "to take up some new issue or some habit of behavior conducive to his rejuvenation." Chapter 10 (pp. 81-89) urges the cultivation of out-door habits for health of body and mind and for deeper enjoyment of life.

Powell, Amy S. and Fox, Flora. "Growth in Old Age". The Family, vol. 20, No. 4, June 1939, pp. 119-123.

This article discusses a study of a large number of cases in private and public agencies, including a home for the aged, to find ways by which older people have developed talents or skills and thus found satisfaction in life. Some wish only to rest. Others desire compensation for any effort made; for these, agency shops, "sales", or a church society may provide a market for wares. Some find their own market, as an engineer of 74 who made book ends, the sculptured head of a child, and other articles which provided him food supplies and a radio. Under guidance some aged persons modify their old skills as from dressmaking to mending, from Army service to fencing classes, from stenography to remodeling clothes and sketching, from tailoring to gardening, from laundering to handicraft and dramatics. Social workers can encourage and guide older clients to realize ambitions and talents by creative use of abilities and to lead a happy outgoing life.

Rebeck, Anne H. A Study of the Developments in Programs for the Care of the Aged, With Emphasis on New York State and New York City. State of New York Department of Social Welfare, Albany, New York. May 1, 1943. 145 pp. Especially pp. 116-118.

New associations can make the days of old people more interesting. The National Recreation Association has stimulated agencies to consider recreation for the aged as a part of their program. The Section on the Care of the Aged of the Welfare Council of New York City through its subcommittee on recreation has promoted the issuance of invitations to social events from private homes for the aged and from settlements to recipients of old age assistance in their neighborhoods. The Old Age Assistance Division of the Department of Welfare has undertaken such projects as discussion groups and parties in cooperation with institutions caring for the aged or on its own initiative, and "a treasure exhibit" of valued articles, owned by the clients, outings, and birthday parties. The Welfare Federation of Protestant Welfare Agencies, Y.W.C.A. and West Harlem Council of Social Agencies started in 1940 club rooms for elderly Negro women living in and near Harlem, who use it daily except Saturday and Sunday for knitting, sewing, and handicraft classes such as basketry, weaving, quilting, rug-making, dressmaking, and for lectures and story-telling. Trips are taken to points of interest. The club has the philosophy that one is never too old to learn and to make friends.

Research Division, National Education Association, and National Council on Teacher Retirement. Avocations of Retired Teachers. National Education Association of the United States, 1201 Sixteenth Street, NW, Washington, D.C. April 1941, 23 pp. 25 cents.

At the request of the National Council on Teacher Retirement, a study was made by the National Education Association of teachers on the retired rolls of State systems in Connecticut, Maryland, Michigan, Minnesota, New York, Ohio, Pennsylvania, Washington, and Wisconsin. The New York City retirement system cooperated: 1061 usable returns were received. Average age was about 70 years; annual retirement income, $803, which was larger for men than for women. Many more women were unmarried than men, and more lived alone. Most regarded retirement as a desirable achievement. Over half of the retirants expressed willingness to join a local club of retired teachers. Systematic study was reported by 36 percent of the women and 50 percent of the men. As to recreational activities, 639 reported 2038 activities of which about a third were abandoned after retirement and 18.4 percent were developed after retirement. The types of recreation are listed, including hobbies and reading in some detail.

Church work ranks first with both men and women. Red Cross is more popular with women; fraternal organizations are more popular with men. Collecting was reported by many women—stamps, old glass, recipes, antiques, rocks, coins, old silver, shells, buttons, poems, china and glassware, old schoolbooks, maps, souvenirs, silhouettes, madonnas, Indian relics, biological specimens, cat pictures, porcelain cats, small ivories, children's pictures, meaningful names, unusual names, old epitaphs, dolls, pictures of pastoral scenes, numbers on auto licenses, jokes, pitchers, old prints, old books, menus, and pictures of animals. Men reported collecting Indian relics, Civil War memoirs and diaries, antiques, fossils and stamps.

Shut-ins showed about the same interests except travel. The separate study of New York City retirants showed more attention to the arts, probably because of the presence of theaters, art museums, and opera and concert halls, and more extensive travel, especially foreign travel.

Few retirants seem discontented and maladjusted, the authors conclude.

The approach to this study is positive throughout: "What do you do? What do you study? What books do you read? What hobbies do you enjoy? etc."

Roberts, Beatrice and Berger, Graemum. "A Recreational Project for Older Persons". The Jewish Social Service Quarterly, Vol. 2, No. 4, June 1945, pp. 243-252.

This article describes an old people's club at Bronx House, 1637 Washington Avenue, Bronx, New York.

Stern, Edith M. "Time of Your Life". Rotarian. Vol. 59, No. 5. November 1941, pp. 27-29.

This article is illustrated by drawings of older people having a gay time, at a dance, romping with children and going a-visiting. It describes the hilarity and enjoyment of individuals embarking after retirement on their hearts' desires. It refers to the British "League of Age" with its motto "The Older, the Bolder"; the "Three Quarter Century Club" in St. Petersburg, Florida, and Battle Creek, Michigan; the 50 clubs called "Borrowed Time Clubs" of persons over 70; the Old Age Center of San Francisco is referred to as helpful to those who require rehabilitation. The Philadelphia Hobby League of the Playground and Recreation Association conducts old people's classes in writing and in stagecraft. Denver has an "Opportunity School" and special recreational facilities for the aged. The Bureau of Vocational Rehabilitation of New York puts old people to work again. Vassar College has a special

course on teaching the aged. In Oklahoma, the School for Maturates for persons over 70 encourages them to keep up with the world by activity. Coming of age is a heritage which can be the "time of your life".

Welfare Council of New York City. Recreation Facilities for Older People. Information Bureau, Welfare Council, 44 E. 23 St., New York 10, New York. 1946

This directory was prepared by the Information Bureau of the Council for the Conference Group on Welfare of the Aged. It lists 19 centers and clubs, all nonsectarian and all but one, "the Original Grandma's Night-Out Club of Brooklyn, Inc.", are non-racial. Centers listed are in Manhattan, Brooklyn, Bronx and Staten Island. Parties, games, daily luncheons and teas, sings, movies, study groups, arts and crafts, and music are listed as the activities offered. This directory may be obtained free at the above address.

IV. RECOMMENDATIONS FOR RESEARCH AND FOR ACTION.

Anonymous. Adult Hygiene and Geriatrics. Indiana State Board of Health, 1098 West Michigan Street, Indianapolis 7, Indiana. 10 pp. 1946.

This pamphlet is addressed to individuals. It discusses old age as "neither a visitation nor a penalty but rather an attainment and a reward." For a healthy and happy old age, one must plan, though people "plan for everything connected with age except for age itself." Among the plans required are those for hobbies, which "create oppurtunities for mental stimulation and for social contacts." A list of the usual types of hobbies is given, though strenuous exercise, like spading a garden, should not be undertaken without the advice and supervision of a doctor. To lose interest in life ages one mentally and physically. The slogan, "It is never too late to learn", is suggested as much more truthful than the misconceived one, "You can't teach an old dog new tricks" which has done much harm. One should never stop learning, regardless of age. The cover of this pamphlet pictures birthday greeting cards, "Happy Birthday" for 60, 65, 70, 75, and 80 years of age.

Dinkel, Robert M. "Social Problems of the Aged Based on a Study in Minneapolis and Jackson." Sociology and Social Research, Vol. 27, No. 3. January-February 1943, pp. 200-207.

A study of 40 aged persons in urban and rural circumstances showed that the dependents had fewer activities and social interests than the non-dependent. The rural group gardened and had more social activities than the urban. It is recommended that communities "aid old people in building special interest groups of their own" and provide recreational facilities for them, a program for different levels of capacity, and "psychological as well as subsistence security in old age assistance."

Emery, Marguerite. "Occupational Therapy." "New Goals for Old Age," George Lawton, Editor, New York. Columbia University Press. 1943. pp. 120-127.

This article traces the development of the use of occupational therapy with disabled soldiers during World War I and afterwards. It describes briefly the application of the same principles to the old especially in homes for the aged or other institutions where occupational therapy plays an important part. Woodworking for the men; weaving, embroidery, hooking rugs, etc., for the women, turn thoughts outward into wholesome channels. Working together has been found socializing. Occupational work for the homebound is recommended,

and an adequate program for the elderly who are well and strong with central shops for the sale of articles made "will be occupational therapy's contribution to the problems of growing old."

Griffin, John J. "Recreation for the Aged." Public Welfare, Vol. 2, No. 12. December 1944, pp. 288-9, 298.

The supervisor of the Bureau of Old Age Assistance of the Board of Public Welfare of Somerville, Massachusetts considers that the most universal attribute of the aged is the yearning to be useful. Change of almost any kind—if not too radical—is helpful, because it promotes adjustments. Old people are highly individualized, and require highly individualized treatment. Until we stop wanting older people thoroughly passive and impotent industrially, socially, and personally, it will not be possible to solve their problems. Listed as personal recreation are walking, conversing, motoring, bus-riding, sewing, gathering anthologies, newspaper clipping, singing, reading, photographing, writing letters, smoking, resolving problems and puzzles, listening to the radio or victrola, telephoning, stamp-collecting, instrument playing, gardening, tinkering, writing for publication, lecturing, organizing groups for patriotic works or civic improvements. The supervisory social workers can suggest kinds of games, exchanges of books and periodicals, stereopticon slides or educational lectures and other items. To a bed-ridden person, a letter, a visit, a record of a favorite tune, copy of a fraternal or religious magazine, the gift of materials to carry on a hobby may bring delightful recreation. For group recreation, municipal recreational centers are favored, with lounging foyers, game rooms, reading rooms, lecture halls, hobby rooms, parlors with radios and victrolas, and other items for wholesome recreation "to salvage the present appalling human wreckage among the aged" by lessening breakdowns and senile delinquency.

Public recreation facilities would make it easy to plan debates and lectures by as well as for the aged: smoke-talks, "old-timers nights," cards, chess, checkers, picnics, carnivals, barbecues, festivals, theater parties, cinematic showings, dramatic presentation. Commercial interests might supply free entertainments of all types. Organizations could make available kits for sewing bees, materials for men who whittle, garden and collect stamps; competitive teams along various lines, with prizes, could be arranged. A program of public recreation would aid in forming an approach to "rehabilitation."

Haas, Louis J. "Occupational Therapy and the Ageing Person." West Virginia Medical Journal, Vol. 42, No. 1. January 1946. pp. 10-13.

Occupational therapy is said to have taken a place along with anesthetics as an effective means of relieving pain and suffering. Carefully adapted leisure time activities may be prescribed, and will furnish new, sustaining interests to neutralize demoralizing frustrations. Even in smaller homes, for old people, "something interesting to do" gives contentment and helps maintain health. It is important to have hobbies before retirement to take up at once after retirement, to avoid a let-down.

In prescribing activity, the following should be considered; (1) the ingredients, i.e., whatever commands concentration and interest gives satisfaction, and permits graded modification of technic to suit the case; (2) reactions: some types of movements and materials please some, not others; self-expression is the thing; (3) directions: limit the time spent each day according to physical condition; (4) class or private instruction or self-instruction by means of recently published, completely graphic craft books, with a few inexpensive hand tools and materials as a complete hobby shop; (5) follow-up visits at the office. Later as self-assurance develops, patient may enroll in "courses" and take part in exhibits.

Knighn, Raymond P. After Sixty--What? New York. Association Press. 347 Madison Avenue. 1942. 108 pp.

Ralph L. Cheney, President of the International Association of Retired Secretaries, wrote a letter of transmittal for this study by questionnaire of 318 retired Y.M.C.A. secretaries, after 20 years of the Retirement Fund. It assumes that retirement is a major experience. This period can be made satisfying and useful if approached in the right spirit. The survey inquired into the most and least satisfying values in retirement; major interests and activities; traveling done; three most difficult problems in adjusting; change in mental attitudes; change in locality and arrangement of residence; preparation made for retirement; and suggestions for those approaching it. Addenda show "what the wife thinks."

There is almost general agreement that one should keep on growing, that one should have active pursuits through hobbies or remunerative activity of some type, and that one should make plans ahead for retirement. The Y.M.C.A. should work out ways to make more use of its retired secretaries instead of losing them completely. It is expected that other studies of problems of retirement will be made.

Klein, Philip and Collaborators. A Social Study of Pittsburgh: Community Problems and Social Services of Allegheny County. New York. Columbia University Press. 1938. 958 pp. See especially "Special Problems," pp. 573-586.

As one solution to the problem of the internal management of homes for the aged, the authors suggest regular conferences on policies, including recreation and visiting. Among proposed services to the aged by voluntary case work agencies are: (1) professional assistance in making an adjustment to a life of undesirably early leisure and changes in entire mode of living forced upon the dependent aged, and (2) experimentation in meeting the new needs of such conditions by additional or widened community facilities, such as luncheon clubs, cooking classes for older persons, sewing, remodeling and knitting clubs, bridge, reading, hobby, and card clubs, entertainment of various types, outings, and the gradual working out of new plans for care of dependent aged under a more enlightened system.

Lorge, Irving. "Thorndike's Contribution to the Psychology of Learning of Adults." Teachers College Record, Vol. 41, No. 8. May 1940, pp. 778-788.

Of great interest in connection with new leisure-time activities is research in the ability of older people to learn. The Executive Officer of the Division of Psychology of the Institute of Educational Research of Teachers College of Columbia University reviews Thorndike's research since 1925 as it relates to the learning of adults. Previous to 1925 the theory for adult pedagogy had been transferred from studies of younger persons or had been anecdotal. Thorndike's studies show the results of experimental evidence. He shows that average ability to learn increased to "age 25 and declines slowly thereafter about one percent a year." Variations in amount occurring per unit time are "the result of mutual interaction of endowment in terms of ability, maturation in terms of inner growth and degeneration, and environment in terms of training, practice, and disuse." When the learning is measured in terms of quality, the decline is not as great as in amount (of letters per minute in writing). Measures of performance involving speed of reaction will penalize adults over the age of 30. If the data are corrected for speed, the mental decline curve becomes a mental plateau after maturity as Spearman noted in 1927. More resistance to change in attitude is found in older than younger persons. Thorndike states that opportunities for adults to learn what they can and what is for the common good is "a productive investment for the nation." Though adults learn a little more slowly however there is a tendency to allow less time for learning or to assign "longer or harder tasks per unit of time."

Interests are important to learning and show "no steady unavoidable decline." By utilizing connections, the law of effect and the principles of the identifiability of a situation and the availability of a response, Thorndike shows that the laws of human modifiability do not change with age. The facts provided by Thorndike, the author considers a basis for adult pedagogy which gives control of the ways of behaving, hence of great value to the community and to individuals in the upper age groups.

McKeever, William A. Campaign Against Old Age. Oklahoma City. School of Psychology Press. 1937. 209 pp.

Describes the curriculum of a school for mature people 70 years of age and older, and recommends similar schools in other communities to provide useful leisure time activities under private initiative and ultimately in the public school system.

Moore, Elon H. "Preparation for Retirement." Journal of Gerontology, Vol. 1, No. 2, Part I, April 1946, pp. 202-212.

This author considers early preparation for leisure important. He has prepared the following abstract:

"The time of retirement may become a condition of fulfillment and not decay, the days retaining meaning and value for the individual. Retirement can mean many things to many different people. For some it may involve complete withdrawal from productive activity, but retirement to some active interest is more conducive to mental and physical health and can be enjoyed by millions who cannot survive in idleness. The coming of both public and private aid will help millions in realizing plans for retirement. Furthermore, we now have more competitors for jobs and fewer dependent obligations per worker due to the extension of length of life, a declining birth rate, and a decrease in immigration. From this it may follow that movement toward earlier dismissal of the aging may increase, and a worker may find himself involuntarily retired before the age of sixty. Personal influences, such a freedom from routine duties to follow new patterns and interests, reduced comrade relations, and the decrease in status, energy, and health may foster retirement. Preparation for successful retirement begins early in life and how it is accepted depends upon previous experience and reaction. Forty should prepare for sixty just as twenty does for forty."

A list of 14 references is appended.

Pitkin, Walter B. The Best Years: How to Enjoy Retirement. New York. Current Books, Inc., A. A. Wyn, 1946. 194 pp.

This book aims to show how "to make the years after 50 your best.—Best for what? For living your own life, not a half life or a borrowed life—but a life of light which reveals things as they are and enables one to find himself and learn the new art of living." But this is not to do as the retired do in the experience of some companies who have observed their pensioners: "About 95 out of every 100 sit around, play solitaire, try a go at shuffleboard, put in an hour at checkers, sit in the park and watch the world go by, attend movies and baseball games, and potter away rather feebly at sundry hobbies. The old machine has been put in dead storage. No wonder the cylinders gum up and the battery goes dead."

From many cases cited, Pitkin shows the way: to learn things first hand, by many routes—walking, study of books, travel, thinking, participation in making films, in radio, in publishing newspapers, in numberless activities. Older people are urged to keep ahead of the times. The Elixir of Youth is found in a bottle labeled "What Next?" One should keep on learning, but learning and living must merge. Keep in circulation; be much with young people but "be proud of your age." Help younger people manage, and improve the world; an interesting section of the book is devoted to ways older people can do so. But they must snap out of the philosophy of competition. "Startlingly fresh experiences" will result, and they can say with Santayana at 82, "I have never been happier in my life than now."

In commenting on the most neglected field of all, Pitkin suggests that many retired women should specialize in counseling as a leisure time activity, aiding and talking with "lonely souls" among other older people who have few friends and who shiver under the chill shadows of boredom and inertia."

Riggs, Dr. Austen Fox. Play: Recreation in a Balanced Life. Doubleday Doran and Co., Garden City, New York. 1935. 239 pp.

In 25 years experience with occupational therapy, Dr. Riggs has never found a person who could not do some form of handicraft. Most possess a wealth of latent ability in the hands. As the individual is choosing not a career but a pastime, his choice is limited only by his interests. He discusses, in order, collecting which should be accompanied by an outdoor activity to provide fresh air and exercise, such as camping. Photography can be added to almost any outdoor sport. Outside of sport are gardening, animal breeding, forestry, and farming.

Sparetime occupations which are effective outlets for emotional force are the graphic arts, music, writing, which Dr. Riggs recommends. One man with a narrow life was persuaded to try woodworking, then painting. His painting, though not remarkable, gave him much satisfaction and led to his thinking of and writing poetry which was remarkably good. It is advisable to get some preliminary instruction. Waste no time, Dr. Riggs advises, in achieving variety in recreation as early in life as possible as insurance against boredom and loneliness and a great help in growing old gracefully. As ways to use both planned and incidental leisure he lists play, to build up lightheartedness, hobbies, incidental rest, and meditation. These are all discussed in detail, with illustrations gained from the experience of a practicing physician.

Spooner, Thomas. "Retire and Like It!" Forbes, Vol. 57, No. 2. January 15, 1946, pp. 28-29.

This article advises strongly the building up of leisure time activities before retiring. Having watched the effect of retirement on his business associates, this author inquires whether taking away his job from a healthy man as is being done every year to hundreds of thousands of vigorous men 65 years of age "in conformity with social security laws," shortens the life expectancy of many, and what is wrong? He then suggests solutions. To the proposal that retirement age be further lowered to 60, he thinks "we can not afford the economic loss of the productivity of men between 60 and 65," as we are "far from being able to support so many in idleness and increase our standard of living at the same time." He suggests gradual retirement by granting extra leave of absence, without pay, each year increasing each year so that in his 65th year he would have 24 weeks off. His income would be reduced also and thus he would learn to adjust his expenditures to lower income gradually. This plan would accomplish seven ends: 1. The employee would learn how to use leisure for recreation or avocations. 2. He would adjust to lower income. 3. He would become accustomed to the thought of retirement gradually and thus avoid shock. 4. He can do things he always wanted to do such as to take longer tours. 5. A man would be trained to take over his work. 6. More than one could be so trained in order to get the best. 7. The older man would return to his job after such periods with new zest and vigor.

He should work beyond the age of 65 if he so wished and the management felt he was still useful. "Many of our ablest teachers, writers, jurists and legislators are well over 65. ... War conditions have taught us much about the older worker. Let us apply...these lessons to a humane and efficient handling of the problem of retirement."

Stevens, Harold, (Ph. D., M.D.) "Psychiatric Disorders of the Senium." pp. 1301-1321, Clinics: Problems in Geriatric Medicine, Vol. 4, No. 5, February 1946.

This issue, edited by Dr. Edward J. Stieglitz, is composed of articles by physicians on the means by which the degenerative disorders of the ageing may be controlled. The paper cited refers to frequent impairments and characteristics of ageing persons, and occupational therapy, hobbies, or a simple light manual task about the house is recommended for diversion and for a feeling of self-satisfation and constructiveness. Collections of the aged, even though a museum of "junk," should not be disturbed. Bibliotherapy, classes in adult education, in academic subjects and in the crafts, with socialization and companionship, are cited. Such activities are considered by Dr. Stevens as the most wholesome and effective antidote for ennui, loneliness and depression, after gainful employment ends.

Stewart, Nathaniel. "Library Service and the Old." Library Journal, Vol. 63, No. 6, March 1938. pp. 218-222.

A student of the Peabody Library School of Nashville, Tennessee discovers from a thorough and definitive bibliography of library science from 1876 through 1936 not a single reference for library service to the old. From analysis of the committees of the American Library Association, he finds no provision for service to the aged in public or private homes for the aged, though institutional library service "caters to inebriates, epileptics, the deaf and dumb, young delinquents and hardened criminals and the feeble-minded..." He considers that no branch of adult education is so important or far-reaching "as that of salvaging the old," and that the study of the mental hygiene of the old will disclose the importance of library service to them in accordance with their own needs.

Stieglitz, Edward J. The Second Forty Years. Philadelphia and New York, J. B. Lippincott Co. 1946. 317 pp.

Chapter 11, "A wise Investment of Leisure" presents a physician's view of leisure as "a therapeutic measure, potent in the amelioration of grief and dissatisfaction, but likewise fraught with menace if stupidly applied." Also, leisure is referred to as a two-edged sword, dangerous, if not well used, alike to the individual and to the nation. The abuse of leisure is considered the symptom of decadence of cultures throughout history. The value of leisure should be appreciated and actively realized in creative activity and mental growth. The chapter discusses the utilization of sports and games for fun, in an appropriate form for the condition of the individual old person. Active participation is to be preferred to passive amusement; functions, types, and methods of creative activity are discussed.

Thewlis, Malford W. The Care of the Aged (Geriatrics). St. Louis. The C. V. Mosby Co., Third Edition, Entirely Rewritten with 50 Illustrations. 1941. 579 pp. See especially Chapter 9, "Hobbies," pp. 71-75.

Dr. Thewlis points out the need for mental readjustment in growing old, as monotony induces senility. To salvage old people, "one must fill their time, revive their interest in life, encourage them to use their hands and brains." Cultivating a hobby is recommended. Of innumerable hobbies, he mentions as suitable for old people (1) stamp collecting, (2) coin collecting, (3) scrap books of special interests, (4) a small garden, (5) indoor gardens of miniature plants in fishbowls covered by a piece of glass, (6) games, (7) magic, (8) study of birds, trees, flowers and butterflies, for which information is given, (9) whittling and woodworking, (10) refinishing woodwork, (11) reading suitable to the mood, (12) knitting, tatting, crocheting, or rug making.

Through a hobby which is engrossing and enjoyable, a person is helped to grow old gracefully.

Wilson, C. Randolf. "Happiness in Little Things: The County Home Can Be a Home." Public Welfare, Vol. 3, No. 8, August 1945, pp. 181-182 and 192.

The Assistant Director of the New York State Department of Social Welfare discusses need to make aged residents feel at home, not regimented or pushed around. Their skills can be used and new ones developed. Their usual wishes are listed.

V. BIBLIOGRAPHIES ON LEISURE-TIME ACTIVITY FOR THE AGED

Rosenthal, Erich. "Social Adjustment in Old Age: Bibliography" Social Science Research Council, New York. 230 Park Avenue. 1946. Mimeographed. 77 pp. in bibliography.

Especially relevant to this section are Chapter 8 "Leisure and Recreation," Items 123-144, and Chapter 10 "Social Adjustment to Retirement," Items 225-227 in the bibliography.

Riggs, Austen Fox. M.D. Play: Recreation in a Balanced Life Doubleday Doran & Co., Garden City, New York. 1935. 293 pp.

Pages 144 to the end of this book contain a "Catalogue of Recreational Activities, with a Short List of Books Dealing with Each, from Which the Seeker May Draw Both Guidance and Inspiration." Much of this bibliography is devoted to self-teaching, as of painting, sketching, writing, acting, block printing, rug making, quilting, sewing, knitting, hat making, woodworking, cooking, leather work, making models, pottery,

as well as collecting. Then follows a bibliography on the study of the various sciences and making experiments in them, engineering and radio. Intellectual hobbies are included, such as commerce, languages, genealogy, graphology and heraldry, the study of history, mathematics and philosophy; the art of gardening; how to farm; how to care for animals, such as dogs, cats, birds, goldfish; games, indoor and outdoor; camping, hunting, hiking, fishing, riding, shooting, sailing; travel and exploration. It seems that nothing has been omitted which old people might want to look into as leisure-time activities for themselves.

Lorge, Irving. "Intellectual Changes during Maturity and Old Age." Review of Educational Research, Vol. 14, No. 5. December 1944, pp. 438-442.

One of the papers cited "investigated 80 tests in relation to senescence" from 25 of which he showed that "senile adults find difficulty in reversing old habit sequences, in retention of meaningful auditory and visual stimuli, in judgment, in planning, and in spatial discrimination, while they are better in rote memory and fluency of old associations." These tests are helpful in planning for such individuals, as they indicate the limits of suitable leisure-time activities.

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PART IV. THE NEED OF THE AGED FOR EMOTIONAL ADJUSTMENT

Material on the emotional adjustment of the aged, in this section of the annotated bibliography on the non-cash needs of older persons, has been selected from several fields of analysis: Sociology, anthropology, physiology, psychology, psychiatry, biological chemistry, medicine, religion, public administration and social work. The large amount of material available indicates response to the increasing acceptance of the personal and social significance of the presence of so many more old people in our population than formerly, and to the growing recognition of the problems, both for aged individuals and for society, entailed in this phenomenon.

Running through much of the more recent literature on emotional adjustment of old people is the concept that "the crux often lies in the psychosocial factors," that is, the personality traits of the individual, the social situation in which he finds himself, and some particular event. All three factors have to be analyzed and considered by the individual and by those attempting to aid him in the making of emotional adjustment, or in making such adjustment a possibility.

The alarming increase in the commitments to mental hospitals of old people suffering from senile dementia or from milder disorders, some of them but mild confusion traceable to nutritional deficiency or to drugs given as medicine and readily curable, has made a deep impression on many physicians and administrators of public institutions.

The great improvement in the mental condition, in the general health, and in the contentment of many older persons who were given useful work to do during the war and something stimulating to think about, made it again clear during the 40's to older men and women themselves, and to those concerned with their problems, that old-age is in large part what society makes it. Society may honor and utilize older persons for constructive purposes, or it may depreciate the aged and relegate them to a barren and humiliating existence. Materials on how earlier societies and how modern societies deal and might better deal with the problems of old-age have been given a place in this bibliography.

Psychology and psychiatry have made recent important contributions, though it is pointed out that psychiatry has neglected much-needed therapeutic activities. These sciences have sought to ferret out the causes of senile dementia and lesser states of mental deterioration. They endeavor to point out how emotional adjustment may prevent such deterioration, and particularly how careful conservation and perpetuation of the idea and the hope of future accomplishments and satisfactions may keep alive in the minds of older people a goal, and thus prevent that loss of the concept of the future which means mental breakdown. For in normal old age, the physical functions fail, not the mental which often remain intact to the end of life.

Much material has been produced in an attempt to stimulate and help older persons to integrate themselves emotionally and to develop the desire and determination to continue warm interest and participation in the present and also in the future activities of life. A number of these popular publications which utilize recent scientific findings have been included in the bibliography.

Another significant contribution of psychiatry and psychology to the understanding of emotional adjustment in older persons is the explanation that the disturbing sense of inferiority evident in many symptoms and traits, though in part imposed on them by their families and by social attitudes, results in part from personal fears. These fears relate to emotional insecurity, to loss or lack of affection, to loss of the companionship of those dear to them, to loss of mental and physical powers, to death itself. The removal of fear therefore is the aim not only of psychiatric treatment but also of much published material some of which is included in this bibliography as a dynamic part of the literature. Some useful material along this line is directed to practitioners to aid them in helping their clients to get rid of fear.

In the literature, we find also discussions of the potential danger to society of a large body of maladjusted aged people seeking to enforce by group pressure unreasonable demands; the danger is noted that an irritated electorate might move to disenfranchise older citizens, thus removing the foundations of democratic institutions.

Criminality in some aged persons is described, and it is considered in the interest of society to aid maladjusted aged to emotional adjustment as a measure of defense against crime.

Conversely is noted by some writers the great social gain and cultural enrichment present in an aging population from the change in interest patterns away from the physical toward cultural and symbolical items.

Personal and group experience in aiding the aged in emotional adjustment; specific programs designed to facilitate such adjustment; research in the field; suggestions as to how satisfying emotional adjustment can be made; and suggestions as to how families, social workers, community groups, scientific researchers, and practitioners can help make adjustment possible take up much of this section of the bibliography.

I. EMOTIONAL ASPECTS OF OLD AGE

EFFECTS OF OLD AGE ON MENTAL FACULTIES

Davidson, G. M. "Passing the Meridian of Life" Psychiatric Quarterly, Vol. 16, No. 4, October 1942, pp. 692-706.

A physician at the Manhattan State Hospital, Ward's Island, N.Y., discusses the process of aging, by the monistic approach, considering the psychosomatic to represent "an interwoven ensemble of the psychical and somatic elements of the total personality."

Aging is the duration of man's decline from the beginning to the end, or, "passing the meridian of life." Various theories are cited including those from the point of view of decrease in the rate of dynamic processes on account of changes in the colloid substratum of the organism. Burridge's theory is summarized: The excitation process depends on the combination of two sources of energy, namely L (colloidal aggregations) plus H (electrolytes) equals T (capacity of the brain for responsiveness). If L or H is maladjusted, uneasiness or agitation results. If the capacity of T is surpassed, unconsciousness results. In aging, the strength of the neural process is weakened, and the production of L & H is lowered. Aging is gradual, and has different rates at different ages of a person.

From another angle, he inquires what makes one suddenly become conscious of his age. It may be fear of losing one's love object, or meeting a friend after years of absence and noting how old he looks. On clinical grounds, the onset of aging may be found by (1) evaluation of evidence as to completion of structure of the organism; (2) evaluation of the significance of the height of achievement by the individual; (3) other clinical symptoms, such as tiring, anxiety, negative compensations or a hurrying up, and feeling of insecurity. Changes in appearance may be noted.

The therapeutic aim is to help the person to adjust. Teaching should begin at earlier ages to prepare one. One may maintain the sources of energy of the colloidal systems by proper stimulation by the environment or experience, especially by work and by maintenance of family relationships. The anxiety state once reached may be treated by common-sense psychotherapy. Other personality conflicts should be treated appropriately, if they complicate those of aging.

Diethelm, Oskar. "The Aging Person: Psychological and Psychopathological Aspects of Aging." North Carolina Medical Journal, Vol. 5, No. 12, December 1944, pp. 583-585.

Dr. Diethelm notes that few efforts have been made to study the psychological changes, the meaning of socio-economic factors and group relationship, and psychopathological symptoms in the later decades. The behavior of normal aging has not been sufficiently evaluated and has often been confused with pathological conditions. Overemphasis on isolated signs of aging has led to wrong attitudes and treatment and handicapping of the aging person. The author considers the physical changes of aging and varied attitudes of aging persons toward them. The important psychological changes include decreased learning ability and span of attention which result in less mobility and more fatigability respectively. Insecurity develops when self-confidence declines, and results in anxiety, resentment, irritability which interfere with social adjustment. The safety of the past looms; and desire to obtain what one missed may lead to recklessness. One becomes philosophical toward death. Loneliness and narrowing of interests often result from age. Need for more recreation may not be recognized or the person may not know what type to choose or how to get it. Psychopathological reactions may result from the foregoing changes and the older person may show fear, apprehension, depressive reactions such as strong feeling of loneliness, discouragement, worry, humiliation, etc. One may get into a rut and withdraw from society and become set and biased. The assets of the aging period are discussed, such as experience, persistence, and the need to keep working, self-reliance, self-control, stability, and a higher sense of duty and obligation to the community. A reorientation of the attitude toward the process of aging is urgently needed. Work and suitable recreation must be balanced and attention paid to physical needs. If the personality is well understood, and appreciated, the right role will be found for the older person, for crises are often remediable.

Lewton, George. "Aging Mental Abilities," in New Goals for Old Age, George Lewton, Editor. New York. Columbia University Press. 1943. 210 pp. See pp. 11-33.

The director of the Old Age Counselling Center of New York City discusses changes in the aged in respect to (1) vision and hearing, (2) reaction time, (3) immediate memory, (4) new learning, (5) old learning, (6) judgment and reasoning, and (7) creative imagination. His thesis is that what everyone wants is a larger increment of maturity "and that society should make this goal attainable by wise utilization and understanding of the later part of the life span. Judgment and reasoning ability reach their peak the latest of all abilities and are extremely valuable."

Morgan, Christine Margaret. "The Attitudes and Adjustments of Recipients of Old Age Assistance in Upstate and Metropolitan New York." Archives of Psychology, Vol. 30, No. 214, 1937. 131 pp.

The adjustment of 381 persons was measured with a scale. Living arrangement was directly related, but marital status had little relation to the degree of adjustment of the aged persons receiving old age assistance in upstate and metropolitan New York. Of those analyzed in this study, 49 percent would like to live their lives over; 26 percent say they enjoy life very much; 30 percent considerably, 19 percent somewhat, 8 percent not at all. Family relationships and friendships are the greatest comfort.

Characteristics of old age are lessened flexibility of mind and body, consequently rare acceptance of new views and ideas, and lack of progress which calls for constant change. The chief difficulty lies in the mental spheres; as old people are unable to assert themselves as before, they gradually lose interest in the present and live in the past when they played more prominent roles. In their emotional reactions, old people show a loss of adaptability to new situations, and regard new developments as disasters.

Pollak, Otto. "Conservatism in Later Maturity and Old Age." American Sociological Review, Vol. 8, No. 2, April 1943, pp. 175-179.

This investigation was based on studies in marketing and in public opinion. The methods and sources are given. More old persons (i.e., over 40) are conservative than younger persons. But the differences are so small that where majorities of older persons reject a change so do majorities of the younger persons. The results indicate need of further research. This research indicates that belief in the greater resistance of older persons to change, i.e., a tendency to preserve old patterns and to reject new ones, is not justified.

Vischer, A. L. "Psychology of the Aged." Journal of the American Medical Association, Vol. 118, No. 8, February 21, 1942, pp. 661-662.

In the section on "Foreign Letters" is reviewed an important discussion in the medical society of Basel, Switzerland, by Dr. Vischer of the University clinic for internal medicine. Little attention has been given heretofore to the changed evaluation of time by older persons. When consciousness of the future disappears, and compensation is lacking, the formative power of time, which may be called the frame of life, breaks down. Then there remain only "the banal division into the parts of the day and the animal functions." He had observed the same phenomena in war prisoners which he called "barbed wire disease." This comment emphasizes a vital and fundamental aspect of the psychology of the

aged, and the imperative need of old people to plan for the future and to look ahead as a means to mental health.

Warthin, Aldred Scott. Old Age: The Major Involution. New York. Paul B. Hoeber, Inc., 1929. 199 pp. with 29 illustrations.

This book grew out of the Wesley M. Carpenter Lecture of the New York Academy of Medicine on October 1, 1928, as "The Pathology of the Aging Process," and is generally considered an important contribution to the understanding of old age. The brain function is the latest to succumb to the involution process, and usually, through some form of pathologic death, the individual does not reach senile dementia. The final section, "A Philosophy of Age," points out the great possibilities of a normal old age: "It is the period of ripeness of experience and observation, of the contemplation and philosophical evaluation of the world about us, of quiet brooding and the creative possibilities engendered by such...happy is the man who comes into his old age with the capacity for intellectual pleasures fully developed." The break in cerebral function is usually not apparent until after the 75th year. The period from 65 to 75 "may be one of satisfaction and happiness, even of cerebral productiveness," through proper adjustments.

Woltman, H. W., "Neuropsychiatric Geriatrics." Archives of Ophthalmology, Vol. 28, No. 5, November 1942, pp. 791-801.

This physician, connected with the Mayo clinic, utilizes data in the clinical records of aged patients for analysis of diseases of the nervous system. First he analyzes the records of 200 patients 60 years or more, 115 men and 85 women. "The high incidence of neuroses," he says, "was impressive and unexpected. Well represented were gastro-intestinal neuroses, the depressions, chronic fatigue states, and anxieties."

Dr. Woltman discusses pathologic changes in senescence--the skull, the brain, arteriosclerotic and hypertensive changes; changes in the spinal cord, and in the peripheral nerves. Though widespread, the pathologic changes do not show clear correlation in intensity with the clinical disability. Discussion is given of the complaints of the patients.

The psychiatric disturbances, "socially and economically the greatest problem related to old age," are discussed. The author notes the need for greater knowledge on the neuropsychiatric disorders of the aged. Also he advises preventing the frustration of the aged by enforced early retirement, dependency and isolation, and the use (instead of termination) by society of the contributions older persons can make. As aids to better adjustment by the aged, he recommends expansion of the family care system, residence in domiciliary institutions, and some financial independence through pensions.

EFFECTS OF OLD AGE ON THE EMOTIONAL LIFE

Diethelm, O. and Rockwell, F. V. "Psychopathology of Aging." American Journal of Psychiatry, Vol. 99, No. 4, January 1943, pp. 553-556.

These physicians studied all the patients over age 45 (110) admitted to the Payne Whitney Psychiatric Clinic since January 1, 1936, as well as some ambulatory patients. Patients suffering from cerebral arteriosclerosis and other brain disorders were excluded.

The factors involved are "the attitude of society to aging, the individual's personality development, and the psychobiology of the aging period." As to the second factor, findings are consistent that "paranoic constitutions develop paranoid reactions; compulsive character disorders become exaggerated; sexually maladjusted persons show sexual psychopathology." It is necessary to consider the broader aspects of the problem in dealing with psychopathology of aging. The study reveals interrelationship of physical and personality functions in some symptoms. In the frequent thinking disorder, difficulty in orienting themselves to perplexing life situations may play a role. Often there is a combination of depressive thinking disorder, anxiety, and psychobiological aging factors. Anxiety affects active attention and concentration and prevents retention. Some complain of lack of visualization. The outstanding emotional feature is anxiety which in unbending and self-assertive personalities, especially when aversion is present, may express itself in fretfulness and peevishness. Frequent, and explainable by the life situation, is general fear, or fear with delusions. Apathy is frequent and involved, explainable by narrowing of interests, persistence of dominant interests, or feelings of futility. There is increased need for self-dependence and self-confidence, for religion and philosophy. Insecurity is the outstanding dynamic factor in the reactions of the patients. Unbending personality is common. Reorientation to oneself and to life is the solution.

Dinkel, Robert M. "Social Problems of the Aged Based on a Study in Minneapolis and Jackson." Sociology and Social Research, Vol. 27, No. 3, January-February 1943, pp. 200-207.

This study of 40 aged persons in an urban and in a rural setting considers the problems of the aged more than their activities. The method of the study is described. Mention of "relations with children" and "economic dependency" occurs frequently as problems which occasion much worry. In general, the aged women studied have more activities in the home and the church, and more problems with their children than the aged men. The dependents have fewer

activities and more problems, less resources, less respect from their children, and more worry than the non-dependents. As to living with their children, 90 percent say they prefer to be by themselves. As to the attitudes of youth toward the aged, a study of 1,324 college and high school students throughout the Middle West, by an attitude scale, shows that of rural and urban college students, 7 percent, and of high school students, 21 percent, believe in giving support to parents. Because of the difference in views between the generations, and because of changes in family organization, living together proves a source of conflict. Almost all the dependents and 70 percent of the non-dependents have objections to old-age assistance at certain points: requirement of support by children; a lien on the homestead; too small a grant; the attitude of those administering the program that the grant is charity rather than a right.

It is recommended that old people seek to lessen their emotional and economic dependency on their children.

Gumpert, Martin. You are Younger than You Think. New York, Duell, Sloan and Pearce, 1944, 244 pp.

The limited capacity for new ideas in the aged is frequently a neurotic defense against aggressiveness. But emotions often become highly sensitized in old age. One often finds irritability, obstinacy, apathy, instability, tendency to violence or suicide, perverse sexuality, and other traits, as symptoms of maladjustment as at any stage of life. Concerning the mental disturbances to which many aged persons are prone, Dr. Gumpert points out that there is no agreement at the frontiers between the normal and the pathological. He considers that the possible therapeutic role of psychiatry has been neglected. The appalling increase of the aged in mental hospitals is due largely to social implications of aging. As this volume was written to older people, he stresses the need for them to learn to take care of themselves by application of a rational mental hygiene. The much emphasized loss of memory in the aged he refers to as a matter of concentration, interest, and emotional attachment; much can be done to prolong retentivity by training and organization of the mind by the aged. Mental limitations of old people are said to include the narrowing of interest, the loss of ability to differentiate between essential and non-essential, cessation of learning and of creativeness; these limitations, however, are likely to be a continuation of earlier habits, and intellectually active minds continue so. The main cause of mental disturbances in the aged he considers to be social maladjustment; a change in the social attitudes of the patient and of those around him will effect a cure or

a great improvement. Under a regime of emotional stability, sufficient rest and good nutrition, an aged brain may be in perfect working condition. He also notes that peculiarities of mind and emotions are often connected with organic disease; abnormal fatigue and weakness and confusion are often due to drugs and nutritional deficiencies the elimination of which results in seemingly miraculous improvement. The author urges older people to make use of their wisdom; to show detachment and emotional control; and to apply their information, experience and mental training. The use of judgment and the understanding of their limitations make a desirable driving force in the aged.

Landis, P. H. "Emerging Problems of the Aged." Social Forces, Vol. 20, Nos. 1-4, May 1942, pp. 460-467.

This article describes the emotional disturbance of the aged which may cause them to give up the struggle to advance or to be self-maintaining. Not only ill health and economic insecurity, but also loss of social prestige, the shock of dropping out of work and other factors of external origin cause disturbance of emotional functioning.

Intense loneliness results from their children's leaving home. Isolation of the aged during illness deprives them of the stimulus in the society of other people. The attitude of the young that the knowledge of old people is outmoded discourages them. They lose their former power of social control in the family group. In America, our extreme individuation allows the young to take over. In homes, there is no room for older people. The Townsend movement provides a new focus of interest, stirring their emotions and giving them a cause to work for and fight for. As the aged desire to make a basic contribution, this author considers that society might well develop means to increase both the happiness and social usefulness of the aged. The goals of aged people he lists as security, entertainment, and some luxury.

Lawton, George. Aging Successfully. Columbia University Press, 1946. 266 pp.

As a counsellor on problems of the older person, Dr. Lawton has written many books and articles of a technical and popular character. This volume was written at the request of the publisher as a popular treatise for old people themselves to read and benefit. It deals mostly with the need and the method of emotional adjustment of older people to their changed situation in life. As the book covers all the aspects of aging, it is difficult to abstract. The thesis might be considered that to lose interest in setting up personal goals and to give up the struggle to achieve them is to grow old. He warns against becoming inward-turned,

and purposeless, against resisting change and defending a personal status quo. As an older person has to concentrate more to fix current impressions, he becomes irritable and blames externals. He yields to sentiment, to nostalgia, to loneliness, to idealizing the "good old days." To meditative individuals, it is common to search for the meaning of their lives and of human life in general.

In chapters on "A Woman Grows Older" and "A Man Grows Older," descriptions and cases are given of normal aging and of good emotional adjustments, and of emotional crises and maladjustments. Principles and suggestions for attaining emotional adjustment abound throughout the book, including a list of twenty characteristics of an emotionally mature individual. The tendency of older persons toward benevolence should be encouraged. Cantankerousness in the aged he ascribes to their being thwarted. He refers to Faust as an emotionally maladjusted old man who had always been maladjusted.

Lawton, George. "Happiness in Old Age." Mental Hygiene, Vol. 27, No. 2, April 1943, pp. 231-237.

Through questionnaires and interviews a group of about 50 older people were asked whether, if they could, they would exchange their present satisfactions for those of their youth. Their average age was 60, though several were in their 80's and one was 91. The article quotes the answers to this question. They were not clear cut. The word "happiness" shifts its meaning as people grow older. Youth means activity, goals, expectation. In later life, the elements of happiness are health, religion, contentment, economic security, acceptance by society, acceptance of the situation. Happiness consists not of particular possessions or events, but of the method with which we meet all experience.

The author suggests that if we devoted to the problems of later maturity the same thought, social imagination, and well-directed effort as to those of children, it might be possible to bring about a happier old age for the many millions now in their early or middle maturity.

Pollak, Otto. "The Criminality of Old Age." Journal of Criminal Psychopathology, Vol. 3, No. 2, October 1944, pp. 213-235.

In a discussion of criminal behavior of some old people, this author lists as the psychological characteristics of old age: Desirable: experience, wisdom, ability to keep perspective, power of organization and conservation, serenity, unselfishness, tolerance, and dignity; Undesirable: "slowness, incompetence, dissatisfaction, lack of humor, dependence,

conceit, reminiscence, over-criticism, suspicion, depression, antiquated ideas, and slovenliness in dress and posture." He describes the psychiatrist's point of view as "a more uniform gray." Most authors consider as still normal features: "slower reactions, slower differentiation and selection, stubborness, fatigability, deterioration of memory, dullness as to higher feelings, weakening of phantasy, narrowing of emotions, and egotism. The psychopathology of old age offers another key to the understanding of this problem. Three types of mental conditions are emphasized in forensic literature: arteriosclorosis, senile dementia, and senile deterioration without traceable organic cause--"the same traits which we have in the normal pattern of old age, but excessively developed or unchecked by inhibitions as formerly."

Thewlis, Malford W., M. D. The Care of the Aged (Geriatrics). St. Louis. The C. V. Mosby Company, 1946. 500 pp.

In chapter 3 the author discusses stress and strain as a cause of emotional tension, and the need for old people to understand the cause and effects of strain. They need to take a rational rather than an emotional attitude toward adverse social conditions. Reassurance of a patient may permanently relieve deep-seated worries, anxieties, and other emotional disturbances. "The patient may then take an entirely different attitude toward life--acquire a sense of proportion." He lists as important factors in the psychosomatic study of the patient: anxiety, insecurity, need for love and protection, guilt, resentment, longing and frustration, conflicts expressed as hostility, and anger. Chapter 11, on Therapeutics, contains a section on Logotheraphy or the therapeutic influence of words upon diseased persons. A careful selection of words, the author has found, may spare the elderly patient much mental suffering, as severe emotional disturbances are often caused by the wrong use of words. Physicians may forget the simple things men live by. He should create hope which in turn "creates ideas, generates new expedients, brings up useful reflections and fresh endeavors." Logotheraphy refers not only to the words one uses but to those one omits, as despairing, dreary, tragic words "can contribute as much to shock in the patient as the knife does when it cuts nerves." In chapter 20 on the Cardiovascular System, the opinion is expressed that long-standing emotional unbalance is a cause of arterial hypertension. Chapter 22, "Alcoholism," calls attention to the fact that aged women often become addicts because of loneliness after the death of their husbands or from financial reverses. Many older persons become addicts, because immature and unstable emotionally. It would be better for them to strive to understand the reasons for the stress and to adjust themselves

emotionally. Chapter 24, "Neurology," in a section on Mind, refers to the loss of control by the aged of their emotions. They laugh or cry upon the slightest provocation or even with no apparent reason. The aged are usually serious, often morose or apathetic. Many show resignation and are depressed; others have an unexpressed rage at their impotence and have fear of death.

II. SOCIAL VALUES OF EMOTIONAL ADJUSTMENT IN OLD AGE

Bird, Charles. Social Psychology. New York. D. Appleton-Century Co., 1940. 564 pp.

The change in interests of an aging population may enrich society. The author, after reviewing material on changing interests with advancing age, concludes that interest patterns as they become more and more symbolical may, like imagination, become more resistant to age. This change, he considers, may be a social gain. Though drastic changes in the total pattern of likes and dislikes are rare, the direction of change is toward cultural items, and away from physical activities and non-cultural items. The society that creates institutions "having differential appeals will realize more satisfactory human adjustments."

Landis, P. H. "Emerging Problems of the Aged." Social Forces, Vol. 20, Nos. 1-4, May 1942, pp. 460-467.

This author expresses the opinion that the aged expect more of life than formerly. Unless they gain more satisfactions, pressure groups of old people may gain more and more strength. Resentment against this power may lead to a dangerous movement to disfranchise older people, thus threatening the foundations of democratic procedures.

Lawton, George. "A Long-Range Research Program In the Psychology of Old Age and Aging." Journal of Social Psychology, Vol. 12, First half, August 1940, pp. 101-114.

The study of personalities and emotional adjustments is very complex; emotional disturbances increase with age; sometimes the problems of aged are psychosomatic, sometimes entirely psychological. Behavior patterns of normal old age are still matters of conjecture.

Pollak, Otto. "The Criminality of Old Age." Journal of Criminal Psychopathology, Vol. 3, No. 2, October 1941, pp. 213-235.

This writer refers to scant attention paid to criminality of the aged, perhaps because it is such an ugly picture, or because the rate per 100,000 in the older age brackets is so greatly reduced, from 338 in 1933 for age 20 (males) to 13 for 65 years of age and over. In England and Wales, France, Germany, and Italy also, tabulations show a decrease. Quotients of decrease between the highest crime incidence and that in the fifty-plus group are cited (table 5). Data show sex offenses in the leading position, then violations of the narcotic and drug laws and of property rights, and criminal homicide. In Germany, in 1929, the percentage of first offenders was very high, 70 percent in the 60-69 age groups and 78 percent in 70 plus age group. The criminal behavior of old dements is characterized by awkwardness, want of foresight for the consequences, indifference after the act and lacking of effacement of traces. As to homicide, the victims are very often

the wife or another near relative. Cases are cited with the conclusion that criminality of the aged has a pattern of its own. Psychiatrists consider most offenses as the expression of beginning senile dementia. Mental conditions in senescence may lead the aged to crime. Changes in the blood vessels and brain cells and senile effects upon the sex glands play a role in causation. Opinions are cited on causes for the high incidence of sex offenses. As the formula that best covers all sorts of explanations is cited that of Hans Gross (1911): "The distinguishing element in extreme old age, in senility, is the loss of power, and if we keep this in mind, we shall be able to explain every phenomenon characteristic of this period."

Suggestions are made that (1) offenders of various categories undergo a mental examination; (2) special prisons be provided; (3) free use be made of probation; (4) research by a combined committee of physicians, psychiatrists, sociologists and lawyers should make a comprehensive and detailed statistical investigation.

The psychological characteristics of normal old age and of the psychopathological characterics as listed provide a clue to an understanding of the criminality of the aged. Suspicion and mistrust, fears, and delusions can be observed as motivations. The paper is documented.

Lawton, George, Aging Successfully. Columbia University Press, 1946. 266 pp.

Chapter 15 discusses the potential value to society of emotionally as well as economically adjusted older people, and the potential danger of large numbers of maladjusted old people who "feel frustrated, hostile and excluded because they have no definite outlet for their energies and abilities and for their desire to function as part of society." The author expresses the opinion that we should "be ready with a plan for older people before the mounting social and economic tensions of a new minority group lead to political cleavages on an age basis." He proposes a bonus plan, for preventing psychological maladjustment, to encourage persons receiving old age pensions to supplement their grant by working for compensation. He also proposes setting up "more facilities for studying the needs of older people, appraising their skills and abilities, and then providing retraining for them. Psychological rehabilitation starts when an individual recognizes that "the development of every human being is always continuing, that all of us as long as we live can start something afresh, look to the future, contribute to some worth-while activity. Rehabilitation is... completed when the older person shows that he has again become useful to himself and to the community."

III. EXPERIENCES AND PROGRAMS IN STRENGTHENING THE EMOTIONAL ADJUSTMENT OF AGED PERSONS.

Anonymous. "Aged Find Serenity in Roosevelt Park." The Welfare Reporter. (New Jersey), October 1946, pp. 9-10.

The emotional adjustment of the aged person in this colony of separate cottages and a community house is described. Care has been taken to select persons who are "friendly, congenial, and with a reputation for good behavior." The result is that social relationships have been "remarkably harmonious," and the residents "practice an exemplary neighborliness and consideration for others." The residents cultivate flowers and vegetables of their own. They have their hobbies, such as quilt making and woodworking and have the pleasures of radio and companionship. They also have community as well as individual responsibilities. Thus the aged have all the elements of emotional adjustment in a simple situation (in 1946, 17 cottages), security, privacy in their own cottages, and personal responsibility there, companionship in the community center, medical care by a village doctor as needed, hospital care in the village as needed, even a burial lot in a colony cemetery lot if desired. The cost is low enough for those having a very small regular income. It is a pattern likely to be repeated elsewhere. A leaflet is available from the Superintendent, Colony for the Aged, Roosevelt Park, Millville, N.J.

Anonymous. "Old Age." Fortune, Vol. 34, No. 6. December 1946, pp. 123-125, 243-244, 247-248.

This article describes life in Ward Manor, a home for the aged, and notes the emotional reactions of each individual in the home. The discontent and restlessness even in this excellent home lead the writer to conclude that for those able to manage their own home, congregate living makes emotional adjustment too difficult for most old people, and independent living arrangements would be better. Communities, families, and individuals themselves can make better provision for old age than is now being done. Loneliness and fear lead people to a home for the aged where they become unhappy. Unable to use their abilities the aged, anywhere, may become dogmatic, selfish, complaining.

Crutcher, Hester B., Foster Home Care for Mental Patients. New York, The Commonwealth Fund, 1944. 199 pp.

The director of social work of the Department of Mental Hygiene of New York State cites many cases of the placing in foster home care of elderly persons under the supervision of a hospital. Sharing in the duties, activities, festivities, and affection of a home has been found to make possible an emotional adjustment so that

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mental disturbance disappears. Many older patients have been paroled with the help of old age assistance. After they make an adjustment to the family care home, they can be given the responsibility for looking after their own affairs. The cases of old people are cited on pages 37, 56, 62, 64, 73, 104, 105, 107, and 131. Chapter 9 relates to suggested forms and procedures, administrative and informational, for use in family care.

Hamilton, Gordon, Hill, Ruth, McLean, Francis H., Powell, Amy S., and Fox, Flora. "Case Work with the Aged." Family Welfare Association of America. A collection of papers, Reprinted from The Family, 1938-1939. 20 pp.

The first paper, "Case Work in Old Age Assistance" calls attention to the fact that "some people who have always made good reality adjustments slide easily into old age." Others, however, who have been demanding or dominating become more so and refuse help. Some old people suffer invalidism and incapacity from lack of ability to handle anxiety. The case worker can help them by detecting and understanding their apprehension and by making whatever situational adjustments may make them more comfortable and content. Old people need to adjust to the idea of death, fear of which is often associated with fear of loss of prestige, of bodily or mental capactiy, of earning power. Some need to make adjustment to changing standards of living. In most cases the aged person wants to keep going and take part in social activities. The case worker by not exaggerating his helplessness can help the old person in whom the sense of helplessness may be closely tied up with a sense of uselessness. "Old persons translate over-protectiveness, quite as much as indifference, into a desire to get rid of them." Miss Hamilton calls attention to the love of old people for attention and friendly visiting; better social opportunities in the community would help them make emotional adjustment in this respect. Some old people "have not established patterns by which they can enjoy a social group; " case work can help them to do so. When man and women both live in an institution for the aged, they have a much better time. Like other people, the elderly "like to be active on their own behalf." The more they do, the more they are alive; for some, life is lots of fun at 80. Ruth Hill's paper, "Understanding the Problems of Older People," refers to their need to adjust to other ways of living; by a desperate clinging to their known way of living, and to their desperate love of some certain place called home, it may be made very difficult for the case worker to break through their povery and isolation. Some who move constantly, are never satisfied, complain about details, and wear out their welcome, are expressing more frankly what all the frustrated, ill, and self-centered feel. A list of nine concepts and practices is given for which there is a peculiar need in case work with the aged, including more time for interviews, more attention to environment, willingness to accept the present standard of living, attention to interests as a substitute for work, and more contact by correspondence. Francis H. McLean's

paper, "Opening the Door for the Aged," describes methods of establishing contacts with other people and of continuing growth. The last paper, "Growth in Old Age," by Miss Powell and Miss Fox, discusses the surprises in retirement: dull days and uselsss lives, dependence, poor health, no longer a place of importance in their little worlds. Some are unable to face the new concept of themselves and find the way out. Some are unable to develop interests and hobbies, never having learned to enrich their lives. A large number of cases was studied and though agencies had done little experimental work, the study showed the possibility of helping old people keep mentally alert, feeling they still have a useful role. The giving of responsibility for some simple tasks or membership in a settlement club may give satisfaction. The encouragement to use old skills in a modified form and the learning of new skills may lead to interest and elation. Emotional adjustment may help to realize ambitions and talents even in old age. Several cases are cited of such developments.

Martin, Lillian J. A Handbook for Old Age Counsellors. San Francisco, Geertz Printing Co., 1944, 84 pp.

The philosophy of the Old Age Counselling Center is that normal human beings can grow mentally at any age, and that happiness for a mature person lies in participation in life according to his capacity. Now, old people are a drag on the community; to make one's self over, the client has to pay the price of directed self-discipline. The aim of the Center is expressed as the permanent development and growth of every client in terms of useful participation in the life of his community, "for increased happiness and efficiency."

McKeever, William Arch. Campaign Against Old Age. Oklahoma City, Oklahoma, School of Psychology Press,1937. 209 pp.

A retired professor of psychology in Kansas State College, Dr. McKeever started a school for older persons to overthrow certain "destructive errors," such as that after 70 come decline and decrepitude physically and mentally, and to set up for older people distinctive programs of physical care, mental guidance, and spiritual quickening. With the use of community facilities, he conducted a school of several hundred old people. He describes his principles, his methods, courses of study, and the astonishing success which the elderly students achieved. The attainment of poise, of self-confidence, and in general of emotional adjustment by the students, many of whom had previously been maladjusted and dissatisfied, shows that old people can develop and adjust if they are shown how to do so.

Randall, Ollie. "Meeting the Discouragements of Elderly People." Proceedings, National Conference of Social Work, 1937, pp. 523-528.

Most elderly people have discouragements. The major discouragement is to have lost face, to be no longer intrinsically important. Old people want to continue the activities of their earlier years. The paper then lists the projects for old people in the program of the Association for Improving the Condition of the Poor: Crawford Shops, Sunset Lodge, Tompkins Square House, and Ward Manor, and shows how each attempts to protect the dignity and intrinsic importance of the individual.

Ryder, Margaret B. "Case Work with the Aged Parent and His Adult Children." The Family, Vol.26, No. 7, September 1945, pp. 243-250.

This paper describes the successful handling of a stifling relationship between aged parents and a 40-year old daughter who supported them. The parents were placed in a Home where they adjusted themselves. The father gained recognition as a well-informed individual, and the mother gained importance by sewing for the Home and for individuals, thus earning a little. The daughter enlisted and became an ensign. The second case discussed was a "domineering" parent, a woman of some prominence, who was losing her sight and was living alone in unsatisfactory quarters. She was placed in a nursing home, then moved to a second one where she adjusted herself satisfactorily. The various children contributed to her maintenance directly to the agency. The mother's last months were less stormy and her relations with her children were more pleasant. All were able to disentangle themselves from emotional conflict by sharing the responsibility of planning with someone who could accept the behavior that may accompany aging and who could interpret it to others in acceptable terms.

Smith, Gertrude A. "What are the Case-Work Needs of the Aged?" Proceedings, Seattle meeting, National Conference of Social Work. Chicago, University of Chicago Press, 1938, 802 pp. See pp. 587-595.

The author is the medical social case worker of the Benjamin Rose Institute, Cleveland, Ohio, an endowed institute to care for old people. After 20 years of experience, the Institute finds that the majority of the aged want case-work service as much as money. Cases are cited. The case-work needs of the aged are summarized as: (1) sufficient economic security to provide appropriate living conditions, an adequate diet and clothing; (2) medical care; (3) recreation; (4) a feeling of usefulness; (5) to be understood and treated as individuals. Work for the aged offers a challenge to blaze new trails to better solutions to their problems.

Rhatigan, Edward E. "Not by Bread Alone." Better Times, New York City's Welfare News Weekly. Vol. 28, No. 19, January 31, 1947, pp. 5-6.

Loneliness, a problem second only to dependency, is being solved for the aged in New York City. The Commissioner of Welfare discusses New York City's program. One section of the article, "Social Life for the Aged," describes the William Hodson Community Center, which, in operation since September 1943, is considered the first municipally sponsored attempt in the United States to attack seriously the problem of loneliness among the aged, and a significant departure in social therapy.

Simmons, Leo W. The Role of the Aged in Primitive Society. New Haven, Connecticut, Yale University Press. 1945, vi plus 317 pp. $4.00

This volume is published for the Yale Department of Sociology. It is a study of ethnographic and historical data on the status and treatment of aged men and aged women. A list of items for investigation was compiled as to participation of the aged in the social milieu (i.e., judges and disciplinarians), treatment accorded them (i.e., distinguished and aided because of past achievements, or, sacrificed). Then 71 separate peoples were selected for application of intensive study to these traits of primitive or ancient peoples all over the world. A large table (VI) describes the relative importance (by symbols) of the various traits by tribes. The background and cultural material are discussed in eight topics: food; property rights; prestige; general activities; political and civil activities; the use of knowledge, magic, and religion; the functions of the family; and reactions to death. These chapters are made up of illustrations from the material available on the various topics from the peoples selected for analysis, often with parenthetical references to the degree of correlation found to exist. The coefficients indicate that in family care and support, aged men and women fared almost alike in both matrilineal and patrilineal societies, a little better in the latter. Both have received better care in agricultural societies and where residence has been permanent and food supply constant, and wherever there have existed strongly centralized political authority, codified laws, hereditary castes and classes, and plutocratic economy. No significant changes in these trends appear however when correlations are

drawn between care of the aged and other primitive types of family organization, even general subjection and inferior status of women. "Aged men and women have everywhere relied on the family for care and support...such assistance is very nearly a universal social phenomenon." The author also concludes that "few social expedients have been left untried by the aged in their search for security within the confines of the family; and it is just here, in the home and the circle of kinship, that the old have always found their greatest security during the closing years of life." A discussion of the "Reaction of Death" concludes that "the social significance of dying, for the aged, has ranged all the way from the height of homage to the depth of degradation," according to the mores of the time and place. A long appendix contains correlations. The bibliography has 336 references. There is an index of subjects and an index of authors.

Walker, Marguerite L. "A Conjuncture Theory of Personality Reorganization." Socialogy and Research. An International Journal. Vol.30, No. 2, November-December 1945, pp. 127-135.

This paper is one of various attempts to analyze emotional maladjustments and adjustments of the aged. The author expresses the opinion that in personality maladjustment and in rehabilitation, the crux often lies in the psychosocial factors in the individual's situation. Three major factors, by falling together, may result in a particular social phenomenon. These are: (1) The personality traits of the individual; (2) the social situation; and (3) the event. This is the conjuncture theory. Generalized tendencies, some of which may be hereditary, during life have become socially conditioned and organized about selected objects of interest. Thus in understanding emotional problems of old people, by themselves and by others, the conjunctural aspects of the situation require consideration.

IV. RECOMMENDATIONS FOR RESEARCH AND FOR ACTION BY AND FOR OLDER PERSONS.

Bird, Charles. Social Psychology. New York. D. Appleton-Century Company, Inc. 1940. 564 pp.

The author notes that the widespread emotional and other maladjustment among aged persons reflect the general experience that human adjustment to problems shows a lag—a period of maladjustment. Our shift to an older population requires adjustments which have not yet been reached. The author says that modern societies have given more attention to the perfection of processes directed immediately toward economic gain than to processes of enriching experience both intellectually and emotionally, but man may yet devote his major efforts toward the improvement of his kind. If society would devise an educational system capable of whetting curiosity and if pressures could be maintained as an incentive to learning, older adults might continue to function better. Particularly noted is the need for the opportunity and the stimulus of sharing some community responsibility.

Brown, Rollo Walter. "Growth in Years." The Atlantic, Vol. 178, No. 5, November 1946, pp. 86-89.

The writer, a biographer and essayist, considers that life should be pear-shaped, "with a rounding out into the greatest possible completeness at the end." He cites examples from the past and the present, of individuals who passed actively through many decades without consciousness of diminishing creative ability or interest in life, except for some slowing up, in some, of physical energy. He cites the advantages of having accumulated memories and perspective, and advises carrying along the whole of one's life by relating experiences to each other in a stream "so that its total effect is an enveloping richness." A growing receptiveness to new ideas is the greatest enrichment. Thus one has "invitations to live" and should be busy.

Cole, Luella W. Attaining Maturity. New York, Farrar and Rinehart, 1944.

This author considers that mankind develops adult social reactions more successfully than other aspects of growing up. Characteristic of an adult level of emotional development are the ability to bear tension, indifference toward stimuli that move the child or adolescent, outgrowth of moodiness and sentimentality. Aged people have to learn to depend much on living happily with themselves. This author lists as the tests of a good solution to this problem: (1) A relief from strain; (2) an increased contentment; and (3) a chance to grow in

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usefulness. Also listed as tests of a person's emotional adjustment are the ability to resist temptations to reform other people, except indirectly through his own example, and the ability to concentrate upon reforming himself. As people age, they become more and more like themselves.

Cottrell, Leonard S. "The Adjustment of the Individual to His Age and Sex Roles." American Sociological Review, Vol. 7, No. 5, October 1942, pp. 617-620.

The pressing problems of an aging population in industrial societies require scientific approaches. If this series of propositions were put in the form of questions, the answers would indicate the degree of adjustment which individuals are likely to make to a role. The 12 propositions, condensed, follow: Adjustment varies directly with the clarity with which society clarifies the role; it varies directly with the consistency with which others exhibit the response called for by the role; if more than one role is assigned, adjustment varies directly with the compatibility of the role; when incompatible, adjustment varies directly with the means for minimizing the overlap of situations calling for incompatible roles; adjustment varies directly with the discrepancy between abilities of the individual and those required in the roles; adjustment varies directly with the extent to which the role permits the individual to realize the dominant goals set by his subcultural group; adjustment in a frustrating role varies directly with the extent to which the role is a path to a more gratifying role and/or the accessibility of substitute gratifications. The five remaining propositions relate to transitions from one role to another: Adjustment varies directly with the degree of clarity with which the future role is defined, with the amount of opportunity for emotionally intimate contact with persons functioning in the role, with imaginal or incipient rehearsal in the future role, and with practice with the role through play or other similar activity; the degree of adjustment varies directly with the degree of importance attached to and the definiteness of the transitional procedures used by the society in designating the role; it varies with the completeness in the shift in the responses and expectations exhibited by the society to the individual in his new role; adjustment to more mature roles is aided by occasional sanctioned regressions to less demanding roles. Answers would indicate the points in the social structure with the greatest hazards to social adjustment, and the probable sources of such hazards. Comparisons should be made of answers to different categories of persons. The motivation for such analyses is the search for more desirable and rewarding social arrangements.

Courtenay, Charles. On Growing Old Gracefully. New York. Macmillan, 1936. 235 pp.

In his Preface the Reverend Charles Courtenay, at 87 and half-blind, says: "This book has come as a surprise to me. I never spun a web to catch it. Nor did I cast a fly to entice it. It just came." The spontaneity and simplicity of this book are its charm. It addresses itself to stimulating in older people activity in supplying their own inner spiritual needs. He considers a graceful old age as the only alternative, and an ungracious, ungraceful old age as impossible alternatives. The best regulator of all is the spirit. The most leading element is the Divine Spirit without which man is a derelict. Chapter 2 deals with the "Protective Defenses of Old Age"; chapter 3 with duties; chapter 4, relationships; chapter 5, "The Temptations of Old Age"; 6, "Problems," such as domestic clashes; 7, "Storm Clouds in the West," such as deafness and dimness of sight. Chapter 8 discusses "The Prospects of Old Age," especially contentment and peace. All these subjects are discussed from the religious point of view. Old age is shown as a period when emotional adjustments can and must be made, for the sake of all concerned; and the way to make them is described as a combination of faith, unselfishness, independence, love for others, and the cultivation of inner resources, in a practical manner. Frequently the author cites a golden rule for the aged, as a loving word of counsel. It is probably the more acceptable counsel, as it is one old person speaking to another, from his experience, about how to grow old gracefully and happily.

Dean, John P. "Public Housing for the Aged." The Journal of Housing, Vol. 3, No. 9, September 1946, pp. 203-204.

A housing expert expresses a new point of view that public housing is an opportunity for stimulating the aged to wider use of needed social facilities by providing the right environment for them as well as for families of workers. He sums up the emotional needs of the aged thus: "The difficulties faced in American culture in the uneasy transition into old age imply that perhaps through a cooperative effort of rehousing one can hold off the sagging of morale, the encroaching feelings of being unwanted, and the progressive 'withdrawing into a sulky retreat from life.'"

Dexter, Elizabeth H. "New Concepts in Case Work Practice with the Aged." The Family, Vol. 20, No. 6, October 1939, pp. 171-176.

Social workers have tended to regard case work with the aged as futile and fruitless because their lives are ended; and they wait for death. The social worker has not felt respect

for the enfeebled old nor could she "bear the pain of facing with the old the reality that confronts him." Perhaps she fears the old person "because he arouses whatever conflict and guilt we experienced in relation to our own parents." As case work practice has changed its old concept of doing for clients rather than of enabling them to use their own strength, so it has changed also in regard to the aged. The newer concept includes the realization that the person who has adjusted satisfactorily to other stages of life finds interest and satisfaction also in the final stage. Dependency in old age may be less significant of inadequacy than at any other stage of adult life. And as the aged will predominate in the future, it is especially important to help them utilize all they have built up in the past. Successful adjustment depends primarily upon emotional factors; as love relationships and prestige pass away, the aged need to have help to plan to do something about his situation which his request for aid shows he recognizes as unsatisfactory. His request should be utilized as a dynamic impulse, rather than seized as an opportunity to take from him the control of his affairs. He should be helped to consider the various ways in which his need can be met, and assisted to make the choice wisest for him, without surrendering his right to choose. "The unconscious strivings and conflicts . . . cannot be treated by case-work services—only indirectly can we . . . help him solve these . . . through our ability to help him come to his own best terms with his immediate reality. Today we confine our area of activity to that conscious problem which the client brings to us." But the problems brought by the old person should be recognized, as this service calls for all the skill required in any other case-work situation. Thus this area of activity is as stimulating and rewarding as any field of case work.

Dunham, H. Warren. "Mental Disorders in the Aged." In Social Adjustment in Old Age, A Research Planning Report, pp. 132-136. New York. Social Science Research Council, 1946. 145 pp. Mimeographed.

Dunham cites, in connection with the study of the psychopathology of the older person himself, Israeli's suggestion that persons be selected in their sixth decade and asked to write their future autobiographies. Two groups might be selected, one group of persons likely to develop a senile psychosis and one, not likely to do so. This device might indicate those likely to have a senile psychotic breakdown which occurs "when the consciousness of the future disappears."

Folson, Joseph K. "Old Age as a Sociological Problem." American Journal of Orthopsychiatry, Vol. 10, No. 1, January 1940, pp. 30-42.

This author questions the value of the feeling of aged people for independence from families and friends. Perhaps we need to create a new culture pattern of the old and young living together in larger households but with a certain amount of independence and without mutual annoyance. As to our attitude that the summum bonum is the preservation of life, perhaps we should change it to the attitude that the greatest good is to live fully and joyously as long as one can.

Gumpert, Martin, M.D. You are Younger Than You Think. New York. Duell, Sloan and Pearce, 1944. 244 pp.

In this popular presentation of the problems of the aged, Dr. Gumpert expresses the opinion that old people should learn to apply the principles of a rational mental hygiene to themselves and thus be able to take better care of themselves. He decries the appalling increase of the aged in mental hospitals, due largely to the social implications of aging in our present situation. He briefly discusses the emotions of the aged which are highly sensitized. Peculiarities may be connected with organic disease or nutritional deficiences. By emotional adjustment, life for the aged may often be pleasurable and contented.

Israeli, Nathan. "Psychological Aspects of a Declining and Aging Population." Journal of Social Psychology, Vol. 15, 2nd half, May 1942, pp. 341-345.

On account of our shift into an aging population, social scientists and psychologists may be expected to coordinate their research on a far-reaching scale. Among other aspects of the problems involved, psychologists face more research into motivations to inspire creative work, research into reversions to infantile desires, into emotional impairments, emotional stability, outlook, and emotional behavior.

Landis, Judson T. "Old Age Movements in the United States," Social Adjustment in Old Age, Social Science Research Council, 230 Park Avenue, New York, N.Y., 1946, pp. 64-66.

This article notes little research into old age movements. He refers to the call of Ralph Barton Perry, Professor of Philosophy of Harvard University, upon all old people to organize so they may again command authority and respect. (1) Since there is possibility of such a movement, Landis suggests research as to the nature of appeals that will influence the aged. This research should analyze the Townsend movement to determine what needs are satisfied by it and

whether old-age assistance has removed the fear of insecurity and thus interest in the Townsend movement. (2) Study should be made of the position of the aged in modern society to determine whether it is true that the aged have lost out in their share of institutional control to an all-time low. (3) Study should determine whether old people feel that they have lost prestige and authority. (4) Study should ascertain whether old people vote for the political candidate who promises the largest pensions. (5) Life histories should be studied to determine the felt needs and dissatisfactions of old people.

Lawton, George. "Aging Mental Abilities." in New Goals for Old Age, George Lawton, Editor. New York. Columbia University Press, 1943. 210 pp. especially pp. 11-33.

The author of this article and editor of this collection of papers, Dr. Lawton, predicts the development of "a whole repertory of ways to utilize the judgment and experience of older people," and of vocational guidance, based on studies of mental abilities of the aged, to utilize their skills and productive abilities.

"Best for old people," he said, "would be real jobs, real family relationships, real functioning in society. But if they cannot be given real lives, they must have proxy ones. Nine million old people today, 26 million in 1980, cannot be relegated to lives of suspended animation. The aged need schools, recreation centers, arts and crafts centers, sheltered work shops, adult playgrounds, marriage brokers, social clubs. They need bureaus for the exchange of services. The retired carpenter, doctor, teacher, nurse, painter, gardener—all have something to contribute to each other and themselves." . . . "However, they be achieved, recreational and creative activity, personal fulfillment and education, drawing from society and contributing to society, need never end."

Lawton, George. Aging Successfully. Columbia University Press, New York, 1946. 266 pp.

This volume applies to middle and later maturity the "principles of clinical psychology, mental hygiene, education, vocational counselling, rehabilitation." It also announces a book in preparation for those who work professionally with persons in the second half of life.

Most of the book is addressed to older people and describes the emotional adjustments needed and how to make them.

Chapter 8, for example, is entitled, "Retire to, not from," and advises having something ready to do when leaving one's regular employment, in order to continue one's emotional balance. Chapter 12 contains 20 simple standards as to how the well-adjusted person behaves. Chapter 14, "A Bill of Rights for Old Age," lists the following as demands: The right to be treated as a person; the right to be treated as an adult; the right to a fair chance on one's merits; the right to a future; the right to have fun and companions; the right to be romantic; the right to help in becoming interesting; the right to professional help whenever necessary; the right to be old.

The epilegue gives 10 hints on aging successfully: 1. Admit growing older; 2. Remember aging brings plus as well as minus changes; 3. To the charge "too old," reply "not too old" for a long list of items cited; 4. Expect homage only for present not past achievement; 5. Realize the imagination does not grow old; 6. Pity cannot replace love and approval, so earn recognition and affection currently; 7. Learn continually; 8. Use strategy not strength or spped, to be valued; 9. Make new friends; 10. Retire to, not from, tasks.

Lawton, George. "A Long-Range Research Program in the Psychology of Old Age and Aging." Journal of Social Psychology, Vol. 12, 1st half, August 1940, pp. 101-114.

The aged need much more than economic security and medical care, the chief requirements, "in order to be contented. New services, new institutions, new attitudes are called for." Psychologists will be asked what changes in mental attitudes, in emotional reactions occur; what effect does retirement have on the emotional life; can techniques of vocational reeducation and psychological adjustment be applied? The paper then discusses the various tests used in measuring the mental ability of older persons, and the lacks in each, because of their development for young persons. The need for tests which consider the personality of the subject is emphasized. The author mentions a questionnaire of his own which requires about 20 hours for satisfactory use. One needs to take into account sensory defects, language difficulties, mental instability, emotional disturbance unrelated to the test, fatigue, low morale, poor motivation. Miles is cited as believing that feelings of insecurity and inferiority are great handicaps to mental longevity, whereas appropriate training and practice, persistence and other stable personality characteristics are very considerable assets. Test results he considers suspect unless the part that social, emotional, and other nonintellectual factors may play in affecting test scores are suitably evaluated. He also emphasizes the need for repeated testings of the same individual from infancy to old age in order to develop norms. Various problems in methodology are discussed including that of distinguishing the basic biology of aging from socio-economic

factors on the one hand and from emotional ones on the other. No single study complies with all the requirements.

Levine, Maurice. "Normality and Maturity." The Family, Vol. 21, No. 1, March 1940, pp. 18-26.

What are some of the norms by which old people should measure themselves? Dr. Levine analyzes normality as relative freedom from neurotic or psychotic symptoms. Emotional maturity he describes as characterized by: (1) The ability to be guided by realities rather than by wishes and fears; (2) use of long-term values; (3) mature conscience; (4) independence; (5) capability to love others, true friendliness, but with an enlightened self-interest; (6) reasonable aggressiveness; (7) reasonable dependence; (8) healthy defense mechanisms; (9) good sexual adjustment with acceptance of own gender; and (10) good adjustment in work. The author considers (5) as very important, because the lack of the capacity to give affection leads to unhappiness, nervous illness, lack of success in life, and prevents internal peace and serenity. Some people fail to develop friendly relationships because they can see only what they can get out of things for themselves. Good interpersonal relationships involve cooperation, both giving and receiving. A good work adjustment involves self-respect over accomplishment and creativeness and the respect of others, rather than one's personal pride and the need for admiration. Healthy defense mechanisms (8) he considers the ability to face oneself and one's conflict s without too much disturbance, by self-control, renunciation, efforts to change the environment, or by the use of one's energy in acceptable and constructive ways.

Liebman, Joshua Loth. Peace of Mind. New York, Simon and Schuster, 1946. 203 pp.

This book seeks to correlate the latest psychiatric discoveries about man's capacity to improve with religious insights and goals. The author considers peace of mind as the main goal of life. As a means of attaining peace of mind in older people, he advocates the recognition that nature has a fitting appropriateness in the distribution of energies at every stage in life, with waning intensities in the sunset years, so that twilight comes to a not-too-resistant heart.

The causes of failures, hates and fears can be located, and character can be changed by the two allies of man, psychiatry and religion, which are mutually supplementary. For self-understanding, rather than self-condemnation, is the way to inner peace and mature conscience. The necessity to love oneself properly as a solution to the problem of inferiority complexes; acceptance of failures as great experiences that teach wisdom to man; the need to respect oneself and trust oneself; to love others or perish in

hatred; to look on the constructive and creative aspects of one's own personality as part of a larger social inheritance, and seek and give affection without seeking to be a master or a slave; to distinguish between desirable and undesirable fear and overcome the latter through understanding of mutual interdependence of human beings, of the temporary character of dark moods, and of the variableness and flexibility of our lives, which can all contribute to the enrichment of our common life; to see the difference between real accomplishment and neurotic combat; to have the sense of the trustworthiness of the universe; to learn wisdom from grief and to walk, with sadness but not despair, through it into new experiences and relationships. All these emotional adjustments lead an aged person, or any one, to that most desired goal, peace of mind.

Linton, Ralph. "Age and Sex Categories." American Sociological Review, Vol. 7, No. 5, October 1942, pp. 589-603.

This author recognizes a need for a system by which the positions of individuals within a social-cultural configuration can be clearly delimited. He searches for the ways societies classify and organize their members, especially those common to all social systems. He throws out analysis of multiple systems and deals with only one aspect, the classification on the basis of age and sex. He discusses the rites de passage from one age role to another in various cultures, noting that whereas the transfer from adolescence to adult, and the assumption of the obligations of that status, is accepted gladly on account of the prestige in it, the transfer to the status of old age is made "reluctantly and with no eagerness for publicity." He notes also that ritual emphasis is more frequent in various cultures where (1) the transfer entails the greatest changes in the individual's culture participation, and (2) where the changes are most abrupt. The individual is able to make the transition from one role to another without serious personality disturbances and to function successfully in roles which often appear quite incompatible. The structure of the personality and the dynamics of personality formation and functioning which make such adjustment possible are not understood at present. Material on various societies and cultures should contribute to such understanding. The more gradual the transitions, the less difficulty the individual faces. Data on contemporary primitive cultures should be collected and analyzed on these points.

The assumption of the role of old age is the most difficult one. Certain societies ascribe to the aged greater respect and authority than to full adults. In one society, the author notes, some individuals accept gladly the incentive of diminished responsibilities known as "retirement," though others hold on to their responsibilities and power "to the bitter end." Also, some look forward to retirement, then find that the removal of responsibilities does not compensate for the loss of power. He calls attention to this field of research and its important implications.

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Palmer, Harold D. and Sherman, Stephen H. "The Involutional Melancholia Process." Archives of Neurology and Psychiatry, Vol. 40, No. 4, October 1938, pp. 762-788.

This study of 50 cases (half men, half women) having involutional melancholia has important relevance to an analysis of the need for emotional adjustment of older people. The onset of this disease occurs mainly in the latter years: 80 per-cent of women from 40 to 60 years of age; 68 percent of men at 50 to 70 years of age. There is a definite, prolonged prodromal or incubating period during which prophylaxis is possible and breakdown may be prevented (from 1 month to 3 years, or, in a few cases of women, a longer period—up to 7 years). Throughout the life history runs a single biologic thread, rigidity, a process built up to strangle instinctual forces. Predominant personality traits are introversion; strong obsessional (compulsive) character; strong voluntary repressions; sexual maladjustments; sadomasochistic traits; hyperreligious trends. The precipitating situations show a high percentage of psychic factors and somato-psychic causes, the trauma arousing latent anxiety as to the security of the ego. Paranoid trends are frequent. Intellectual clarity is retained; confusion, if present, concerns only emotional issues. The distinction between this disease and manic-depressive psychosis is discussed at length. The outstanding symptom complex in involutional melancholia is agitation and restlessness. Psychiatric treatment during the incubating stage of the psychosis can lead to recovery; likewise, wise guidance and wise conduct on the part of others or of the aging person himself may prevent breakdown and lead away from the development of the psychosis through emotional adjustment of a necessary type.

Peters, Ivy Lowther. "Rehabilitation Applied to Older Persons." American Journal of Orthopsychiatry. Vol. 14, No. 4, April 1944, pp. 279-282.

The problem of the old is considered by this author as a part of the maladjustment of family life for which they were partly responsible through holding on "to habits and equipment belonging to a world receding below the horizon." Their loss of their money and property in the crash and depression accentuated the moral and religious confusions resulting from family breakdowns. Even without the war, it was time for extending reeducation and mental hygiene to older people. The war need for older skilled workers attracted the attention to them of employers, educators, psychologists and counsellors. The range of remedial measures is wide. The Martin Old Age Clinic deals mainly with modernizing, discarding old and retarding habits, and substituting new habits which make the individual contemporary with this time. Hope in the possibility of better adjustment must first be aroused. The deterioration the client

sees through tests he is assured is usual and remediable. Through assurances and directions, he is guided to change and improve his habits. One change is to step up an old person's tempo. Most older persons suffer from wounded self-esteem, self-distrust, and lack of confidence. They have fear for the future. Reassurances are therapeutic. Counsel aids them to overcome isolation and regain a place in life, as happiness lies in the fullest possible participation in living.

Powys, John Cooper. The Art of Growing Old. London, England, J. Cape, Ltd. 30 Bedford Square, 1944. 218 pp.

This British writer, in colorful literary style, enriched by illustrations drawn from the literatures of many peoples, points to the path of enjoyment of old age through emotional adjustment to reality.

Riggs, Austen Fox (M.D.). Play: Recreation in a Balanced Life. Doubleday Doran and Co., Garden City, N.Y., 1935. 239 pp.

Emotional adjustment in old age depends in part on the right use of the play element in life. In old age and in the earlier part of life, as well, unbalance can make both periods unsatisfactory. Correction requires the elderly man who earlier has played too much, with unhappiness as a result, to take up work and thus strike a balance; the elderly man who has worked too much and become overly serious and emotionally maladjusted needs play to balance his life. The difference between work and play is defined: In work there must be achievement to satisfy the demands of self-importance and security, and its objectives must be in harmony with the worker's ideals, to yield as a by-product, happiness; in play, achievement may be present but is of no real importance, for the real satisfaction is in the experience of pleasure which springs also from the enjoyment of form, color, motion or music. Play affects the quality of life, as it is the necessary yeast, the lightening, invigorating ferment, which prevents sogginess. In busy middle life, play must have "a respected and respectable place in the plan," and hobbies should be developed. An hour or two a day, a day or so a week, and several weeks a year should be kept free for relaxation and play, in the out of doors, with games and hobbies, and by indulging the contemplative mood in instructive or amusing reading.

As the years go on, the 8-hour stint of work should be decreased to 7 or 6, to 5 or 4 and finally as low as 1 or 2 hours. The amount of leisure gained is enjoyed only if the inner resources of the whole man have been kept alive. In middle age, the quality of life should be given the greatest consideration, and its quantity the least. It is the time to circumvent the worst terrors of old age—boredom and loneliness—by making life full of well-spent leisure. It is the time for establishing a hobby

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Emotional adjustment in old age depends in part on the right use of the play element in life. In old age and in the earlier part of life, as well, unbalance can make both periods unsatisfactory. Correction requires the elderly man who earlier has played too much, with unhappiness as a result, to take up work and thus strike a balance; the elderly man who has worked too much and become overly serious and emotionally maladjusted needs play to balance his life. The difference between work and play is defined: In work there must be achievement to satisfy the demands of self-importance and security, and its objectives must be in harmony with the worker's ideals, to yield as a by-product, happiness; in play, achievement may be present but is of no real importance, for the real satisfaction is in the experience of pleasure which springs also from the enjoyment of form, color, motion or music. Play affects the quality of life, as it is the necessary yeast, the lightening, invigorating ferment, which prevents sogginess. In busy middle life, play must have "a respected and respectable place in the plan," and hobbies should be developed. An hour or two a day, a day or so a week, and several weeks a year should be kept free for relaxation and play, in the out of doors, with games and hobbies, and by indulging the contemplative mood in instructive or amusing reading.

As the years go on, the 8-hour stint of work should be decreased to 7 or 6, to 5 or 4 and finally as low as 1 or 2 hours. The amount of leisure gained is enjoyed only if the inner resources of the whole man have been kept alive. In middle age, the quality of life should be given the greatest consideration, and its quantity the least. It is the time to circumvent the worst terrors of old age—boredom and loneliness—by making life full of well-spent leisure. It is the time for establishing a hobby

or a set of hobbies at least one of which may be depended on to stand by through whatever vicissitudes may come. In old age, quality of work and play is the reverse of that in childhood. The elder worker should function in an advisory and consulting capacity. A little of his time has great value. With hobbies and by uniting of his experience, as well as of his hobbies, he can carry through old age some favorite portion of his work without the former strain and drive.

Old age should not mean retirement but the maintenance of the proper work-play ratio. To speak of "a retiring age" is nonsense. The work you have always done is probably what you can do best in old age; hence it is wiser to modify work rather than to exchange work for unplanned idleness, decreasing the quantity and filling the leisure gained with play, especially that sort of semiserious play called hobby, to preserve what is best in your work and produce an emotional balance and thus pass through old age with more content and happiness than you had thought possible.

Stolz, K. R. Making the Most of the Rest of Life. New York. Abingdon-Cokesbury, 1941. 216 pp.

The dean of the Hartford School of Religious Education seeks to answer the question of a multitude of Americans: "What shall we do with the rest of our lives?" His approach is that the cultivation of wholesome elderly personality requires the utilization of all the resources an individual can command, hence he attempts to outline the methods for such mobilization. Chapter 13, "Health After the Halfway Mark," in narrative style, cites cases, describes a constructive health program including air, exercise, diet, rest, and serenity of mind, each of which is discussed briefly. The material is a popular presentation of current scientific opinion. For example, the author says: "Intense anxiety is the gangrene of the mind. It has bodily repercussions." (p. 160.) He cites cases of men who developed courage, a philosophy of life, discretion, a sound health program and who won the victory through emotional adjustment, and tranquility. In chapter 15, "Rock Bottom," Dean Stolz says that a world-view which promotes adjustment to adversity is indispensable.

The chief cause of mental disorders he considers to be "the lack of an active system of principles which vitalize and stabilize daily living. He who has caught the spirit of the universe eradicates hatred, fosters love, banishes fears, generates confidence, and triumphs over harsh circumstances. Tension and turmoil give way to the tranquility of a sound mind." Besides a sound philosophy of life he lists the essentials of victorious living as usefulness, wholesome

relations to other people, honesty in examining and improving oneself, a sympathetic understanding of the situations others face, a tension-reducer in the form of an avocation or hobby. Religion he considers an integrating and orienting force in the life of the individual which is indispensable for a satisfying old age.

Chapter 16, "Old Age," discusses the limitations of old age, disorders "peculiar to itself," preparation for old age, and the rewards of old age. Of a happily retired professor and his wife, he writes: "A little reading, a little study, a little converse with old and new friends, a little golf, a little business, a little observing of the world as it rushes by, a little peering into the forces that make for goodness, a little promoting of a worthy cause—these are the things that lend their life of leisure meaning and contentment." Throughout the book, Dean Stolz infers continuous "conquest of the promised land of gracious self-realization," and full living.

V. BIBLIOGRAPHIES ON THE NEED OF THE AGED FOR EMOTIONAL ADJUSTMENT

Bird, Charles. Social Psychology. New York. D. Appleton-Century Co., 1940. 564 pp.

Chapter 12, "The Social Significance of Age," has a bibliography of 92 items, pp. 449-453. Much of this chapter relates to the desires, interests, satisfactions, criminal records, mental diseases, motivations, and adjustments of older people.

Davidson, G. N. "Passing the Meridian of Life." Psychiatric Quarterly, Vol. 16. No. 4, October 1942, pp. 692-706.

Has references to 25 items, including six in the German, relating to the process of aging.

Diethelm, O. and Rockwell, F. V. "Psychopathology of Aging." American Journal of Psychiatry, Vol. 99. No. 4, January 1943, p. 556.

The authors append to their discussion a bibliography of eight items on the psychopathology of aging, two of which are from the German of a generation ago.

Lawton, George. "A Long-Range Research Program in the Psychology of Old Age and Aging." Journal of Social Psychology, Vol. 12, 1st Half, August 1940, pp. 101-114.

This article has a list of 25 references; many of them relate to tests.

Moore, Elon H. "Preparation for Retirement." Journal of Gerontology, Vol. No. 2, Part I, April 1946, pp. 202-212.

This article includes a list of 14 references on adjustments to the greater amount of free time than was available during earlier years.

Rosenthal, Erich. Social Adjustment in Old Age. A Research Planning Report. New York. Social Science Research Council, 230 Park Avenue. 1946.

In X-B, "Social Adjustment to Retirement"; XI, "Personality Changes and Mental Hygiene"; XII, "Mental Abilities and Interests"; XIII, "Senile Dementia and other Psychoses"; XIV, "Crime in Old Age"; and XVI, "Guidance and Therapy" are references relating to the need of the aged for emotional adjustment.

Simmons, Leo W. The Role of the Aged in Primitive Society. New Haven, Conn., Yale University Press. 1945. pp. vi and 317. $4.00.

The bibliography at the end of this study includes 336 items, relating to the treatment of aged men and women in primitive tribes, and at many points indicating how old people adjusted themselves emotionally to the hardships of old age and to situations calling for strategy to maintain prestige and control.

Thewlis, M. W. The Care of the Aged. St. Louis, Mo., C. V. Mosby Co., Fifth Edition. 1946.

This volume has a bibliography at the end of each chapter. References on need for emotional adjustment of aged persons occur especially at end of chapters 2, 11, 20, 22, and 24.

V. THE HEALTH NEEDS OF AGED PERSONS

This section of the annotated bibliography on the social aspects of aging, entitled "The Non-Cash Needs of Aged Persons as Affecting Their Individual and Social Security," is devoted to the health problems that older people face. The literature is extensive and the items selected refer, it is believed, to the most important phases of the material. Some of the material is addressed to specialists, some to general practitioners of medicine, some to older people themselves. All of it holds interest and value to the general student of the problem for whom primarily this bibliography is prepared. Numerous items in this section of the bibliography refer to geriatrics, the medical care of the aged, and to gerontology, the broader study of the problems of aging and the aged. These terms have become increasingly familiar to the public through the work of the American Geriatric Society and the Gerontological Society, Inc., both organized since 1940. Their journals—Geriatrics and Gerontology—report current developments in the field, and institutes and meetings devoted to the subject are no longer novel.

There is a dual approach to the medical care of old people: (1) There are no diseases peculiar to the old, though many to which they are prone, and none from which they are exempt; and (2) modification of symptoms of disease in the aged requires, for accurate diagnosis and effective treatment, specialized observation and specialized experience. Geriatrics, it is hoped by many, will eventually deal with the health problems of the aged as dynamically, constructively and extensively as pediatrics is dealing with the health problems of children. The basic situation is similar. Individuals in their own particular stage of living require study and treatment as such, the child as a child, not as a little man, the old person, not as a person grown old and soon to die, but as an individual, with individual problems. Old age is not to be considered as a disease; sickness in the old, as in any one, requires diagnosis and treatment, even surgery, which is often remarkably successful on account of developments in the fields of anesthesia, blood transfusion, "wonder drugs" and other discoveries.

Chronic disease, which is the dread of many aging persons, and mental deterioration, which startles everyone on account of the "snow-balling" effect over the decades in the rate of admissions of the aged to mental hospitals, receive much attention in the literature.

The constructive solutions reached for some of the problems and the hopeful outlook for solution as to others challenge physicians, psychiatrists, and social workers. Attention is directed to the fact that health problems of the aged are social problems as well as—almost more than—medical problems. And all plans for work in the field of geriatrics and gerontology emphasize the necessity of research in the social economic factors involved as well as in the medical and surgical fields.

Challenging also is the apparent inadequacy of medical, institutional, nursing and other facilities for the aged. Clinics for the aged are clearly seen to be just in the beginning stage, in contrast to the multiplication of clinics for children.

Some of the literature contains material of the "how to" type, for the use of the aged themselves. For example, Dr. Gumpert in his book, "You Are Younger Than You Think," advises older people: (1) To keep up physical and mental activity; (2) to save energy in everything they do; (3) to shorten the intervals of rest and exercise; and (4) to use personal efficiency experience wisely within the limits of diminished physical strength. Dr. Thewlis, in "The Care of the Aged," lists six rhythmic exercises of eight simple movements each in stretching and bending. These exhortations have as their aim the preservation of normal physical and mental capacities by means of continual and suitable use as opposed to disuse and neglect which allow insidious diseases to get a start. The Red Cross offers good advice on the hygiene of older persons and on their care by others; such basic knowledge could prevent much needless suffering in old age. Unless older people themselves, as various authorities express it, learn how to carry out a rational system of mental and physical hygiene, including nutrition, so that they can take proper care of themselves, they may never receive really proper care.

Exhortation is directed in many cases to the medical profession. Dr. Thewlis urges practitioners in all branches of medicine to devote special attention to geriatric practice. For research, greater attention and resources are urgently needed. Research now under way is seeking to develop knowledge of the processes of aging; needed is more knowledge of normal aging. Research is seeking to determine the causes of departures from normal aging and thus to develop a broader base for preventive medicine. Urgently needed, and under way at various points as mentioned in the bibliography, is research to determine the causes of the principal diseases to which the aged are prone---cancer, heart diseases and diseases of the arteries. Urgently required also are research and preventive activity in the field of mental deterioration in old people much of which is considered preventable and curable; greater therapeutic use of psychiatry through clinics for the application of knowledge as it exists and as it may develop would appear from the literature to be needed and expected at some future time.

Dr. Lawton observes pungently that if it is important to give the human animal a good start in life, it is just as important to see that he makes a good finish. "We should be as interested in actual fulfillment as in setting the stage for the realization of possibilities."

PART V

THE HEALTH NEEDS OF AGED PERSONS

I. SPECIAL HEALTH AND MEDICAL PROBLEMS OF AGED PERSONS

Adie, David C. A. Study of the Medical Needs of Recipients of Old Age Assistance in New York City in 1934. Albany, N.Y. State Department of Social Welfare, 1937. 79 pp.

This study is based on 1,000 cases, or 4.3 percent of 23,208 recipients of old age assistance in New York City on January 1, 1934. All were 70 years of age or older. They were classified as follows: (1) no obvious disability, 24.4 percent; (2) up and able to get about, 53.3 percent; (3) homebound, 17.4 percent (4) bedridden, 4.9 percent. The types of diseases are tabulated and discussed. The care received is tabulated, and the unmet need is estimated. The recommendations of the physicians are listed.

Alexander, Franz, (M.D.) and French, Thomas Morton, (M.D.) et al. Psychoanalytic Therapy: Principles and Application, New York. Ronald Press Co. 1946. xiii and 353 pp. Price $5.00.

This book is valuable because of the alarming increase in the number of older persons committed to mental hospitals and the preventable character of many disorders. It points to the social significance of extending dynamic psychotherapy to the mild chronic and acute neuroses, and to incipient cases.

Anonymous. "Large Decline in Mortality from Degenerative Diseases." Statistical Bulletin, Metropolitan Life Insurance Co., Vol. 27, No. 3, March 1946, pp. 5-8.

Tables based on policy holders' experience show a drop of about 30 percent between 1911-1915 and 1940-1944 in death rate, from diseases of the heart, arteries, and kidneys of a group, corrected for the aging of the insured population. This drop was 19.1 for white males and 24.6 for white females. Without correction for aging of the population, however, the death rate is higher than a third of a century ago.

Boas, Ernest P., (M.D.). Treatment of the Patient Past Fifty. Chicago, The Year Book Publishers, Inc., 1941. 324 pp.

Written for physicans, this book indicates treatment for diseases to which older people are prone. The chief task of medicine during

the coming generation is the extension of the human life span. The first three chapters "Aging and Disease," "The Aging Process," and "General Management of the Aging and Aged Person " have material helpful to those caring for older persons. The attitude that disability and illness are results of disease at any age and are a challenge to medicine is encouraging to older persons to seek to have their health needs met. Dr. Boas observes that the increase in the frequency of heart disease among older people about equals the decrease in infectious diseases such as pneumonia and tuberculosis; and more accuracy in diagnosis in the field of coronary artery disease, displacing the earlier diagnosis of senility, explains in part the greater incidence in heart diseases. About half to two-thirds of persons aged 60 to 90 die of a heart disease. Thus, many old people have need of knowledge of how to deal with diseases of the heart and spare themselves sudden efforts, and physicians must have a knowledge of heart diseases as a major requirement in treating older persons. But he points out that diseases of the heart and arteries are not inevitable manifestations of the aging process, and that arteriosclerosis remains a challenge to scientific investigation and a problem for constructive therapy.

Boggs, Eugene F., (M.D.). "The Problems of Good Medical Care for the Aged." Public Welfare in Indiana, Vol. 55, No. 5. Series 326, March 1945, pp. 10-11, 18-19.

This article describes the special medical problems of older persons: the need to have long-time medical supplies in order to lessen return visits to doctors and clinics by the chronically ill; the need for hospitalization during critical illness or injury; the need for home nursing; the need for more adequate out-patient facilities to aid the family doctor; and for specialized consultation about braces, trusses, hearing aids and visual aids; the need for care in tuberculous institutions for some aged; and the need for psychiatric guidance on the part of the mentally ill.

Dublin, Louis I. "Health Problemsof an Aging Population." Statistical Bulletin, Metropolitan Life Insurance Company, Vol. 27, No. 12, December 1946, pp. 6-8

By 1960 more than four-fifths of all deaths will be at age 45 or higher, and by 2,000, nine-tenths will die at age 45 or higher ages. In 1925 nearly 50 percent of cases given service by the Metropolitan Nursing Service had acute and communicable conditions, and only 5 percent had chronic diseases typical of old age; in 1945, the figures were 14 and 28 percent, respectively.

By the end of the century, 80 percent of all invalids may be age 45 or over. Medical science and public health administration must adapt their services and facilities to these conditions. Particularly in the prevention and treatment of cancer and the cardio-vascular-renal diseases,great opportunity and need exist. Health education, special diagnostic clinics, medical and nursing care could reduce the volume of invalidism, add years to the expectation of life, and increase the productive capacity of the country.

Gatch, W. D., (M.D.). "General Reflections on Geriatrics." Proceedings, Institute on Geriatrics, Indianapolis, May 22, 1946, pp. 5-6.

The dean of the Indiana School of Medicine discusses fundamental concepts on geriatrics at the first meeting on the subject held in Indiana. Though longevity depends mainly on inheritance, good care can keep many alive, reasonably happy, and very useful to society for many years. At the age of 50 man enters "the most critical period of adult life." He is shocked when presbyopia and lessened vitality show him he is not immortal. Mind and body get out of harmony, for people begin to break up the habits of a lifetime. Death, premature senility or actual dementia results, as in the retirement of farmers. Elderly human beings will last a long time if their physical and mental powers are kept in proper daily use.

Gavignan, Arthur J., (M.D.). "The Care of the Aged: Its Medical Aspects," The American Journal of Nursing, Vol. 39, No. 2. February 1939, pp. 145-149.

A knowledge of the characteristics of normal old age is necessary in order to distinguish between the abnormal and the pathological, and thus to care properly for the aged. After 60 years of age an individual is likely to lose up to 10 pounds of weight. The skin alters, becomes less elastic, and has brown spots; scaling may occur after thickening. Rarefaction of the bones may result in fractures, as at the neck of the femur. Joints may stiffen and become larger. The senses become less acute, and the effects on various points of the neuromuscular system are discussed. The effects of loss of elasticity on the lungs such as on the capillary circulation, congestion of the bronchi and thinning and distention of the bronchial walls with attendant systems, are described. About half of senescents show no heart disease, but degeneration of elastic tissue with subsequent fibrosis and calcification of vessel walls cause thickened arteries, elevation of the blood pressure, and poor nourishment of the myocardium with heartfailure as a frequent cause of death. The digestive system often suffers from lack of teeth and diminished gastric juice. Diminished intestinal secretion and poor muscle tone cause constipation. Renal arteriosclerosis may cause impaired kidney function. Chronic infection causes discomfort; Hippocrates is

quoted: "Old people have fewer diseases than the young, but chronic diseases never leave them." These are usually of pulmonary or cardiac origin. Treatment has three main features: (1) symptomatic treatment of somatic complaints; (2) avoidance of confinement to bed if possible; (3) psychotherapy.

Hartwell, Samuel W. "Mental Diseases of the Aged." pp. 132-143 in New Goals for Old Age, Edited by George Lawton, New York. Columbia University Press. 1943. 210 pp.

Senile psychosis has been largely responsible for the increased admission rate of our mental institutions. Effort is being made to discharge or parole old people to their own or boarding homes. Little space is given to the problems thus involved in textbooks on psychiatry, and none to the prevention of mental diseases in the aged. Psychotic old people are in three classes: Those psychotics who have grown old; those persons poorly organized who break down on slift organic changes in the brain at old age; and those who, well integrated, develop a mental disease in old age. In the last group psychoses have an organic basis or factor, believed to be in the brain. Changes in metabolic and endocrine functions and in others are often factors. A mind healthy in the broadest sense through the active part of life may be some protection against complete mental disintegration in old age. Factors responsible are (1) inheritance; (2) social factors: defense lies in manipulating social, mental and environmental factors that add strain. Traits of grades of psychotics are described. The duties of social workers as liaison between relatives and the hospital are described.

Professor Hartwell cites the need of institutions for the care of aged people who are deteriorating mentally as a segregated group, and for private small homes for the non-disturbed senile psychotics. The practice of mental hygiene before old age tends to lessen if not prevent psychosis. Cases are discussed. Old people require a sense of belongings; to teach people to give understanding and loving care to old people is "the finest thing we can do."

Johnson, Nelson A. "The Growing Problem of Old-Age Psychoses: An Analysis of the Trend in One State Hospital from 1910 to 1944." Mental Hygiene, Vol. 30, No. 3, July 1946, pp. 431-450.

A study of admissions to Warren State Hospital, Warren, Pennsylvania from 1910 to 1944, shows that one problem "is snowballing in size—the care of a rapidly increasing number of psychotic old people--"

The percent of the total number of first admissions aged 65 and over to this mental hospital increased from 11.6 to 24.9 during this period. The percentage increase over 1910 in hospital first admissions aged 65 and over was 281.2 whereas the increase of the population aged 65 and over in Pennsylvania was 107.1 This increase is attributed to a tendency to shift responsibility for personal problems from the family (which is shrinking in size) to the State, and to an actual increase in mental disease. Improved medical treatment of patients by the use of sulfa drugs and electroshock prolongs the life of chronic patients. Though medical research may halt the rising incidence of degenerative diseases in old age, the sociological trend is not likely to be reversed. The number of admissions of patients aged 65 and over to all Pennsylvania hospitals in 1941 was 1,207; by 1980 it is predicted that this number will be trebled, as a "medium" estimate. The over-crowding may result in the neglect of treatable conditions of other patients. The establishment of a geriatrics unit in each mental hospital is proposed. Occupational-therapy programs would make the aged and handicapped patients more productive and self-reliant.

Miller, Raymond E., (M.D.), and Beatrice Henderson. "Pulmonary Tuberculosis in the Aged." Modern Medicine, Vol. 10, No. 8, October 1942, p. 86.

The incidence of pulmonary tuberculosis is highest among older persons. Detection is difficult; the best method is by mass roentgenography. This disease is a health hazard and a mortality factor.

Morgan, Christine Margaret. "The Attitudes and Adjustments of Recipients of Old Age Assistance in Upstate and Metropolitan New York." New York, Archives of Psychology, No. 214, 1937. 131 pp.

Chapter 2, "Health," classifies the physical handicaps of persons receiving old age assistance. Of the entire sample (381) 15 percent reported their health excellent; 32.6 percent, good; 25.3 percent fair; 20.5 percent, poor; 6.6 percent, very poor. There is a positive correlation between health and happiness.

Nutrition Foundation, The. "Nutrition in the Aged." Nutrition Reviews, Vol. 4, No. 6. June 1946, pp. 172-173.

This review points out gaps in the knowledge of the changes in the aged. It cites Meyer, Sorter and Hecheles as concluding (Gastroenterology 5,398, 1945) that there is a drop in basal metabolism as age advances, a drop more rapid in the male than in the female. Little is known about the actual caloric need of the aged. It notes the relation of excessive fat to arteriosclerosis, of excess carbohydrates to diabetes, of protein to renal damage; and the relation of dehydration to the loss of turgor of the skin, and of regressive changes in endocrine glands in producing changes in the water and salt content

of the tissues. Diminution occurs in volume of secretion of salivary glands and in ptyalin content. The lipase concentration is reduced but the amylase of the pancreas is not reduced; the volume, acidity and pepsin content of the gastric secretion are reduced. The rate of absorption of galactose given orally is diminished; other processes of absorption may be diminished. The diet for the aged should approximate that of the normal adult, and the supply of minerals and of the B-complex be maintained at a satisfactory or increased level. Consideration should be given to the consistency of food, size of meals, frequency of feedings, and liquid content of the diets as well as the food tradition of the people concerned.

Paul, George A., (M.D.). "Study of the Factors of Employability — Especially Disabilities and Infirmities of the Elderly, and Problems Arising from Employment of the Same." Industrial Medicine, Vol. 9, No. 2, February 1940, pp. 79-82.

This survey of the physical condition of the workers of the Hyatt Bearings Division (Harrison, N.J.) of General Motors is based on examinations of 1,128 male employees in 1937 and 1938. The percentage with poor teeth, heart disease, lung disease, hernias, varicosities, etc. was calculated for each age group. These calculations are shown in 7 charts and 3 tables. The survey shows that many workers have major physical disabilities which increase proportionately with age, but nevertheless they can do efficient work and should be retained on account of their value. Education in hygiene may prevent some disabilities.

U.S. Public Health Service, National Institute of Health. The Magnitude of the Chronic Disease Problem in U.S. The National Health Survey, 1935-36.

Figure 7 (Page 10) shows the percentage distribution of chronic disease as permanent impairment to afflict persons of younger ages. Fifty percent of persons with chronic disease are under 45, only 15 percent over 65. As to invalidity, 50 percent of persons in the invalid population are over 55. Among the relief and the low income groups, the frequency of chronic disabling illness and of the resulting disability was considerably greater than among the more comfortable.

Wagner, Margaret W. "Mental Hazards in Old Age." The Family, Vol. 20, No. 4, June 1944, pp. 132-137.

Negative characteristics in old people are frequently fostered from lack of understanding of their needs in those about them. Factors that accelerate decline and increase confusion can be traced to environmental factors and emotional dissatisfactions.

Confusion in the aged is an intensified form of refusal in earlier life to come to grips with problems. Some have cast aside foibles and impediments; some have not. Some deteriorate from repressions, but some survive repressions to live normally and happily in old age. As changes in organic function take place in the older person, they cause discomfiture and restlessness, as in adolescence. Daydreaming may lead forward to achievement or backward to deterioration. The possibility of growth in old age through activity is often not recognized, and the old may merely await death. Unless the aged take part in making plans for their future, and enter into positive and satisfying activities, senility, illness and dependence may not be warded off as they could be, and the aged may not retain their dignity as long as possible. Cases are cited.

Warthin, Aldred Scott, (M.D.). Old Age: The Major Involution. The Physiology and Pathology of the Aging Process. New York, Paul B. Hoeber. 1929. 199 pp. with 29 illustrations.

The author has a conception of the unity of the involution processes as physiologic, and of old age as a normal major involution, and not as a pathologic process. For peace of mind, the author suggests a philosophy of life based upon the species and not wholly upon the individual, as the individual is but a temporary incident in the life of the species, as the species itself is an incident in the grand march of collective life through the eons. Human life progresses in a curve showing an ascending portion, the period of growth (evolution), its apex, a relatively short plateau (maturity), and the descending curve the period of retrogression (involution). Like any structure or organ of temporary function, the individual himself comes to an end when he has lost his functional capacity. The severest test of human character is "whether we shall accept the situation with equanimity or in sorrow vainly regretting." Senescence is, however, a gradual development; the resulting complex is old age, in the seventh decade. There are great individual variations. For the moment of realization that the culminating stage has been passed, a biologic philosophy of life saves one from shock, critical for many.

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Mental and spiritual evolution may continue an ascending curve for twenty years or more after the first signs of senescence. A section, "The Functional Changes of Senescence", describes the physical changes common. A chart (fig. 11) summarizes changes in sixteen items from birth to the hundred-year mark.

Following are a section on fully developed senility, the primary tissue changes of senescence, the secondary pathologic changes of old age, disease in different life periods, termination of involution process, and pathologic death. Theories of senescence are referred to, and all of the modern theories of the nature of the aging process are summarized and their weaknesses are pointed out, in view of the fact that involution is a biologic entity equally important with evolution. Age is due to the weakening energy change.

Wilkerson, Hugh L. C., (M.D.). "Problems of an Aging Population: Public Health Aspects of Diabetes." American Journal of Public Health, Vol. 37, No. 2, February 1947, pp. 177-188.

This paper discusses the incidence, diagnosis, prevention and control of diabetes to which older people are increasingly susceptible; the onset is most commonly between the ages of 50 and 55. The importance of nation-wide education in the symptoms of the disease and in the control of it by the patient, his family and his physician, and the role of the Public Health Service are discussed.

Wilmer, William H., (M.D.). "Diseases of the Eye in Old Age." Bulletin of the New York Academy of Medicine, October 1928, pp. 76-103. With 11 illustrations.

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Wilmer, William H., (M.D.). "Diseases of the Eye in Old Age." Bulletin of the New York Academy of Medicine, October 1928, pp. 76-103. With 11 illustrations.

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II. ADVANCES MADE IN MEDICAL CARE OF THE AGED AND FACILITIES AVAILABLE FOR MEDICAL, INSTITUTIONAL AND NURSING CARE OF THE AGED.

Boas, Ernest P., (M.D.). "The Care of the Aged Sick." The Social Service Review, Vol. 4, No. 2, June 1930, pp. 191-198.

This paper approaches the problem of old-age as largely a problem of sickness. The diseases that contribute chiefly to the invalidity of the aged are in the order of their importance: Bright's disease, cancer, and diseases of the arteries, which account for nearly 70 percent of all deaths after age 65. Other diseases are listed. The difficulty of caring for the chronic sick at home is discussed, and an extended description of kinds of care available to the aged sick discloses extreme inadequacies. Illness often determines dependency. An extension of the visiting nurse system is advocated. The really disabled chronic sick should be admitted to institutions for the aged providing custodial care and suitable medical care. The almshouse and city infirmary, it is predicted, will shed their medieval traditions and evolve into high-class hospitals for chronic diseases. Only by integration of all resources and activities can the community care for its aged sick.

Boas, Ernest P., (M.D.). The Unseen Plague: Chronic Disease. New York, J. J. Augustin, Publisher. 1940. 121 pp.

In his preface, Dr. Boas says: "I review the extent of chronic diseases in the community and their effect on the social structure; and summarize and appraise the present methods of medical and social care. This is a timely and usable record of fact. The analysis and discussion, based on twenty years of active participation in the field, is offered as a basis of planning and action by government, community and physician." The book has 11 chapters with 7 tables. Contrasted with the fearsome pestilences of former years, chronic diseases are a hidden and insidious plague. "If we are spared them in our youth, they will almost inevitably overtake us in our older years." Chapter 6, "The Aged," analyzes data on recipients of old age assistance and other material to show the needs of more adequate medical care and hospitalization among aged sufferers from chronic diseases.

Brooks, Barney, (M.D.). "Medical Problems of Old Age: Surgical Aspects," in Medical Problems of Old Age. Philadelphia, University of Pennsylvania Press, 1941. pp. 37-46.

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past 65 in the population. Medical care for the aged by the government may soon follow pensions. The aging of the population occurs at the same time as the rapid expansion of the field of surgery. He notes an amazing increase in the appreciation of physiological processes and of bio-chemistry which adds to the success of surgery in old age. An increasing number of old people are being submitted to surgery. The knowledge of the physiology and chemistry of old age as such is scant. The state of nutrition is important, and old people have relatively more frequent disorders of nutrition than other age groups. Important also is the recent advance in knowledge of anesthesia. Changes in the blood, heart and blood vessels in senescence increase the risk of postoperative shock, but blood transfusion almost completely eliminates this complication. As the geriatric surgeon has to deal with those in whom the will to live has diminished, tact and understanding are as essential to recovery as are scientific knowledge and manual dexterity. The beneficial results of surgery to many aged are abundantly evident, especially for prostatic hypertrophy and for fracture of the neck of the femur by immediate operation. There is a trend away from some diseases and toward others; more suffering from degenerative diseases and more work for the internist and the psychiatrist.

Brunot, Helen Hardy. Old Age in New York City. New York City, Welfare Council of New York City, Bureau for the Aged. 1943. 128 pp.

Many of the 1,935 persons who made requests to the Bureau for the Aged of the Welfare Council of New York City asked for help in finding solutions to health problems. Chapter 3, "Problems of Physical and Mental Health," notes the neglect of the chronically ill on account of inadequacy of facilities for their care. Construction of the 1,600-bed public Hospital for Chronic Diseases, on Welfare Island; the former WPA project providing housekeeping services for the chronic sick; and the extension of home medical services to recipients of old age assistance improved the situation. As the population 60 years and over increased by 250,000 from 1930 to 1940, inadequacy is still felt. Cases illustrate the problems. This chapter describes the problems which welfare agencies face in helping old people to appropriate medical care, and describes types of non-institutional and institutional facilities for the chronic sick aged in New York for both physical and mental illness.

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Evans, Louis. "Providing Institutional Care for Recipients of Public Assistance." Public Welfare, Vol. 3, No. 11, November 1945, pp. 248-253.

The estimated capacity of 1,428 homes for the aged (in 1934) was 100,000; 96 percent were under private auspices. The admission requirements, prices charged, and geographic distribution are noted, and it is concluded that these homes "do not represent effective resources for the care of the needy chronically ill and incapacitated in many States and localities." Ninety percent of the capacity in the 50 public homes for the aged were limited to old soldiers and sailors, their wives or widows. Almshouses and infirmaries do not provide a large resource for the aged sick. The average population of almshouses is about 40 persons; most of them do not provide efficient and economical specialized care for the chronically ill at an acceptable standard.

Most States have had some experience in placing recipients of old age assistance in private institutions for care. The relative cost of care is discussed with the conclusion that "the cost of public institutional care does not exceed the cost of a comparable standard of care in private institutions and in boarding and commercial nursing homes, and may be provided at less cost for large numbers of persons.... Of the 125,000 persons 65 years of age and over in all institutions for the aged, infirm and needy, in 1940, at least 75,000 were in private homes for the aged.... The present methods used by governmental agencies to provide necessary institutional care have to date been unable to meet the need, and in many localities are not meeting it at all."

Federal Security Agency, Social Security Board. Sheltered Care and Home Services for Public Assistance Recipients. Washington, D.C., Public Assistance Report No. 5, 149 pp. 1944. Government Printing Office, Price 25 cents.

This report deals mostly with the physically and mentally disabled recipients of public assistance "whose needs cannot be met by money alone," and points out how these needs can be met.

Frankel, Emil. "Mental Hygiene Problems of the Aged." Journal of the Medical Society of New Jersey, Vol. 43, No. 3. March 1946, pp. 79-83.

The director of the division of statistics and research of the New Jersey Department of Institutions and Agencies notes an increase in that State in rate of first mental hospital admissions per 100,000

of the population from 1.2 in 1920 to 7.1 in 1940. He says that the typical mental hospital finds it difficult to provide appropriate care for aged patients, and cites as desirable a newer development, "geriatric units" in mental hospitals. These are of the one-story type so that patients can get out of doors, if possible. Family care (of mental hospital patients) makes many patients flourish by increasing their initiative and decreasing their fretfulness at the confining atmosphere of a hospital.

Hilliard, Raymond M. "The Development of County Homes for Care of the Chronically Ill." Public Welfare (Illinois), Vol. 3, No. 12, December 1945, pp. 266-269.

The Illinois Public Aid Commission arranged, on an individual case basis, for placement of recipients of old age and blind assistance, in need of long-time nursing care, in county homes. The counties began to modernize the plants and convert them into nursing homes and infirmaries for the chronically ill. The Du Page County Convalescent Home and the Henry County Home are cited as examples. Standards for County Homes for the destitute, infirm or chronically ill are listed.

Howell, Trevor H., (MRCP. ED.). "Social Medicine in Old Age." British Medical Journal (London), No. 4445. Saturday, March 16, 1946, pp. 399-400.

Facilities now available for the care of dependent or helpless old people may not be adequate to meet the increased demands of the future. Domestic help during illness solves some problems. Some supervision for elderly invalids is necessary. Overcrowding of the institutions for the aged exists. Medical facilities available need to be improved. The different types of senile patients should be sorted out into those who need: (1) general care; (2) nursing in sick wards; (3) complete attention. Suggestions are made for the care of each group.

Garrett, Mary C., Care of the Chronically Ill of Cleveland and Cuyahoga Counties. The Benjamin Rose Institute, May 24, 1944. Processed. 51 pp. (See pp. 8-9 of this bibliography.)

Lewis, Maxwell. "The Aging Have a Future." The Modern Hospital, Vol. 65, No. 6, December 1945, pp. 85-86.

The superintendent of a home for 1,848 adult dependents, all with some physical ailment, describes the traditions and practices of the institution.

McCarty, C. F., (M.D.). "The Medical Needs of the Aged and How to Meet Them." Social Security in the United States, 1939. A Record of the 12th National Conference on Social Security, April 14 and 15, 1939. American Association for Social Security, Inc. New York City.

The director of the medical and nursing division of the New York City Department of Welfare discusses those health needs of the aged which are met by the Welfare Department, i.e. those not met by other agencies. The Department is the only agency that can pay for home medical care. A primary demand occurs in the cardio-vascular-renal diseases, neurological conditions, cancer and all types of arthritis. More demand comes from those suffering from chronic than acute conditions. Two factors are considered as to home care: (1) can the old person be adequately cared for at home by the practitioner's occasional visits and without special equipment; (2) has the person a real home with relatives or friends who would be responsible? The Department has a panel of 5,000 physicians willing to make visits at $2.00 a visit (1939). Methods of assigning a practitioner are described. About 1,500 recipients of old age assistance receive such home care. Provisions for dental care, drugs, nursing, housekeeping services and other items for the aged are outlined.

Mueller-Deham, Albert and Robson, S. Milton. Internal Medicine in Old Age. Baltimore, Maryland, The Williams & Wilkins Co., 1942. 396 pp.

The senior author, a former Professor of Internal Medicine at the University of Vienna Medical School, published a book in 1937 on this subject. The turning point in the interest of the medical profession in Geriatrics has arrived, as shown by accelerated publication of materials and attentiveness to them, by the opening of well-equipped hospitals for chronic diseases, and by governmental support of organized research. The increasing

longevity multiplies the number of old people, both healthy and sick, and "most of the great problems of medicine, still unsolved, center in the latter half of life: arteriosclerosis, hypertension and its sequelae, cancer, chronic arthritis and rheumatism, prostatic hypertrophy, glaucoma, cataract, deafness.... Unsettled, too, is the status of nutrition and living-habits in the natural prolongation of a healthy life, questions which can be concluded only by the extended cooperation of theoretical experimental and controlled clinical investigations." Though few diseases are confined to old age, many disturbances grow worse "or change their clinical manifestations" in old age. Geriatrics concerns itself primarily with these modifications of disease.

These authors trace the interest in old age and its diseases back through the centuries in a brief introduction. Seven chapters deal with general considerations and are of interest to all concerned with old people and to old people themselves; chapter 5, for example, "Hygiene of Old Age," describes the need for moderation, interesting activity, physical exercise, care and preservation of the functions of the skin, equanimity, avoidance of habit deviations, prophylaxis, ample quantities of vitamins, and the regulation of the sex life. "The entire art of prolonging human life" says Rubner, "consists in not shortening it." Other sections relate to the diseases of the respiratory system, cardiovascular system, urogenital system, digestive system, metabolic disorders, and musculo-skeletal system. The last chapter (no. 50) treats of infectious diseases. All chapters indicate the treatment required.

Overholser, Winfred. "The Problems of Mental Disease in an Aging Population." Proceedings, National Council of Social Work, 1941. Columbia University Press. 787 pp. (See pp. 455-463).

Not only is the number of persons in the age group susceptible to the mental changes of later life growing, but the rate of incidence, at least of psychoses due to cerebral arteriosclerosis, increasing. Dr. Overholser considers that "in the prophylaxis of mental breakdown in later life...the establishment of old age pensions" will be one of the most important developments, as they relieve the fear of economic insecurity which is a potent factor in mental breakdowns in later life. In a number of states, the family care system, used for hundreds of years in Gheel, Belgium, has been established. This system relieves pressure on hospitals.

Rapp, Sarah S. "Boarding Care for the Aged Sick." The Family, Journal of Social Case Work, Vol. 27, No. 5, July 1946, pp. 192-196

Before World War II, the medical social worker met relatively little difficulty in placing aged patients in nursing homes. Obstacles multiplied during the war; these are discussed and illustrated by cases. A clearing center to give information as to available vacancies; an educational program to aid the proprietor of a nursing home by means of conferences; and conferences of medical social workers and public welfare workers to determine how to make care available to patients are determined.

Rebeck, Anne H. A Study of the Developments in Programs for the Care of the Aged (with Emphasis on New York State and New York City). Albany, New York, Department of Social Welfare. May 1, 1943. 141 pp.

Chapter 6 deals with nursing homes, mainly in New York, and with boarding homes. Chapter 7 has a section on care of the chronically ill. Even in private homes for the aged, 48 percent (of the guests in 60 private homes for the aged) are chronically ill. In New York City provision is made for these aged ill in institutions and in their own homes. Homes for the aged are expanding their infirmary facilities.

Thewlis, Malford Wilcox, (M.D.). The Care of the Aged (Geriatrics). St. Louis, Missouri. The C. V. Mosby Co., 1946, Fifth Edition. 500 pp.

This book deals with the practical clinical problems of the aged based on 34 years of clinical experience. The 33 chapters fall into 8 parts: General Considerations; Gerontology or general problems of the aged; mediocolegal relations; miscellaneous geriatric problems, diseases of metabolism and endocrine disorders; infectious diseases and focal infection; systemic pathologic conditions; special topics. There are 65 illustrations, of photographs, roentgenograms, charts, and diagrams. So far as is possible, this volume presents a rounded outline of methods of treatment for various diseases of the aged, and describes also influences, habits, and factors, such as worry, insecurity and insufficient recreation, knowledge of which aids the physician in diagnosis and treatment.

The foundation for Geriatrics was provided by the practice of a physician, in charge of a home for the aged near Vienna, to deal with the aged as aged, just as the pediatrist deals with children. The object of treatment is to restore the diseased organ or tissue to the state normal in senility not to the state normal in maturity. Certain changes may be expected in the course of a malady when the patient is old. Some symptoms should always be looked for. These are listed. Particularly interesting is chapter 10, "Diagnostic Errors" which states that about 45 percent of diagnoses in old age are erroneous according to necropsies. More autopsies should be made. The aged usually have more than one disease; if more careful examinations were made, including roentgenograms, electro-cardiograms, urinalyses, hematologic and cystoscopic examinations,

gastrophotography and gastroscopy, diseases could be treated in time. A list of diseases often overlooked is given (page 83). The significance of the whole situation should be determined. Only so, is it possible to practice good geriatric medicine. Common diagnostic errors are discussed.

Urben, W. J., (M.D.). "Modern Needs of County Homes, Asylums are Outlined." Public Welfare (Wisconsin). Vol. 2, No. 3, January 1946, pp. 24-28.

Most of the residents in county homes now have some physical or mental disability. Besides a home, they need infirmary or hospital care. New Jersey's welfare homes for the aged are described; they vary from 75 to several hundred beds. Such homes for the chronically ill require special equipment, supervision by a registered nurse, and services for acute cases, such as pneumonia. Ten points are listed under requirements of a modern county asylum.

Wagner, Margaret W. "Nursing Homes Call for Rigid Supervision." Hospitals, Vol. 19, No. 3, March 1945, pp. 52-56.

The executive secretary of the Benjamin Rose Institute, Cleveland, Ohio, describes neglect and inadequate care, and in some homes abuse, of aged patients. Baker Memorial of the Massachusetts General Hospital has a medical social worker inspect nursing homes used by the hospital. The inclusion of disturbing senile patients may make conditions worse, but hospitals may insist on the acceptance of such patients. War shortages made matters still more difficult. Almshouses are fast becoming institutions for the chronically ill.

The Relief Division of Cuyahoga County, Ohio, established a nursing home for its dependents; with meager physical surroundings, this institution provides excellent nursing supervision and competent physicians. Chicago has established the Central Service for the Chronically Ill under the auspices of the Institute of Medicine and has responsibility for the supervision and development of good nursing homes. The Benjamin Rose Institute has developed good nursing homes and a small boarding home which accepts older persons, with chronic illness, still active.

U.S. Department of Commerce, Bureau of the Census. Population. Special Report on Institutional Population 14 Years and Over. 16th Census of the United States, 1940. 361 pp. (See p. 4).

Table III covers type of institution in which aged persons (65 years of age and over) reside as follows: Prison or reformatory, 2,851; local jail or workhouse, 2,017; mental institution, 87,974; home for aged, infirm or needy, 125,630; other and not reported, 3,493.

U.S. Department of Labor, Bureau of Labor Statistics. Homes for the Aged in the United States. Bulletin No. 677. Washington, D.C., Government Printing Office, 1941. 126 pp.

To be eligible to enter many homes for the aged, an applicant must have reasonably good health. Practically all of the life-care homes provide medical or nursing care, or both, for any of their residents who become ill. Of the 1,241 homes that reply to this question of care, 83.2 percent furnishes both medical and nursing care; 6 percent provides nurse only; 2.7 percent furnishes doctor only; and in 8.1 percent, the patient has to pay the cost himself. Some homes have full-time doctors. The directory contains name and address, sponsoring or controlling organization, entrance requirements, boarders' rates, the requirements, when admitted, and capacity of the home. The bulletin includes all homes known to the agency compiling the list.

Williams, Clifford. "Planning a Home for the Aged and/or Infirm." North Dakota Welfare News and Views, Vol. 2, No. 5, March 1946, pp. 13-14.

This article replies to inquiries relative to the care of aged and infirm people by discussing some of the general factors to be considered in the establishment of a home of this type. For specific standards and information about licensing such homes, the reader is referred to the Public Welfare Board, Bismarck, N.D.

Zeman, Frederic D., (M.D.). "Infectious Diseases in Old Age." Clinics, Vol. 4, No. 5, February 1946, pp. 1157-1184.

Too much emphasis is laid on degenerative diseases in older people and too little on infectious diseases. Influencing factors, such as arteriosclerosis, cardiac disease, diabetes mellitus, nutritional disorders, local pathologic changes, accidents, and the mental attitude depress bodily activity and help to explain infections in the old. The author adapts data on infectious disease throughout life, by age group, to illustrate relative incidence of various infections: broncho-pneumonia, tuberculosis, syphilis, lobar pneumonia, acute and chronic cystitis, acute appendicitis; these rank in the order named among the 15 diseases listed, showing the importance of infectious diseases among the aged.

Clinical characteristics may differ from those present in youth; they are described in diseases of the respiratory tract, the cardio-vascular system, the gastro-intestinal tract (typhoid and the danger of old people as carriers); early rupture in appendicitis due to atrophy of the lymphoid tissue, and mortality rising steadily with age; biliary tract infections and gallbladder surgery; genito-urinary tract, the advantage of early surgical intervention, and the necessity of the most careful study of each case of prostatic hypertrophy; infections of the skin in the aged now treated successfully by sulfonamide drugs; pneumococcus endocarditis and meningitis which are treated with difficulty in the aged; and infections which may mask neoplastic processes. All these are illustrated by clinical cases.

Diminished defensive powers and associated diseases complicate diagnosis and therapy. Treatment by specific chemotherapeutic agents has revolutionized the approach and the old hopeless attitudes, but the aged person must be considered as a whole and not treated by one single method or for one aspect of the disease only. Methods of overcoming the ill effects of bed rest by changes in position, deep-breathing exercises and moving the legs about are explained. The necessity of constant attention to the hemoglobin and red cell levels in sick old people, and value of the plasma transfusion and other intravenous administration are stressed. In case of disorder of the cardio-vascular system during infections, digitalis is used in accordance with the recognized indications. Caution is urged in the use of narcotics and hypnotics in the aged. Syphilis in older people may respond well to therapy such as mercury and bismuth.

Sulfonamides have revolutionized infection in old age as they are useful not only in pneumonia but in infections of the eyes, skin, biliary and urinary tracts; methods are described.

The broadening of surgical skills has made it possible to include as operable many older patients. The prevention of infection in the aged is the aim; eight "steps" in such a program are enumerated.

III. RESEARCH AND ACTION RECOMMENDED IN GERIATRICS AND OTHER FIELDS

Anonymous. "Ask Clear View of Old-Age Problems." Better Times, Vol. 28, No. 28, April 4, 1947, p. 3.

> At a meeting of the Conference Group on Welfare of the Aged of the Welfare Council of New York City, Dr. Edward B. Allen, psychiatrist and vice president of the American Geriatrics Society, asks for more realistic and objective thinking about older people. Old people, like young, are less compelled to deal with immediate problems than the middle-aged group, and more inclined to fantasy. Conditions in convalescent homes arouse concern in doctors and nurses, and pavilions for the chronically ill should be established where ill older persons can get suitable care.

Bainbridge, W. S. "Our Debt to the Aging." North Carolina Medical Journal, Vol. 5, No. 12, December 1944, pp. 577-580.

> A wider horizon today in the field of psychosomatic medicine calls for the American Geriatrics Society as more practical knowledge of aging is needed. "We are all striving to live longer, even though we may find ourselves 'on the shelf' earlier." Geriatrics is concerned with the pathology of the older years, but far more with the prevention of disease and with increasing the span of life. Emphasis is placed on periodic health examinations.

Beard, Belle Boone, (Ph. D.), "The Army of the Aged: A Sociomedical Problem." Geriatrics, Official Journal of the American Geriatrics Society, Vol. 1, No. 4, July-August 1946, pp. 299-304 (with list of 15 references).

> This is the century of centenarians. In some areas, every fifth person is over 65 years of age. The majority need, or will need, specialized medical care and new methods for it. The aged form "a new societal increment" in that they have no institutionalized place in society. They are "ex-family," and are expected to live their own lives. Industry retires them; mechanization drives them from the farm; factory processes take work out of the household; groups are run by youth.
>
> Society forces on the aged artificial attitudes toward age, and seeks to isolate them from society. We are moving toward an impasse: as the aged increase, and the need for their social participation expands, we narrow their role. Present attitudes may have retarded geriatrics. The way to needed broad specialization may lie in new forms of coordination in

which geriatricians, geriatric nurses, and geriatric social workers will form units for the cooperative study and treatment of older patients. Research studies may suggest techniques. Social workers may throw light on the social causes of senility and the steps leading to physical and mental decline; greatest hazards are known to be sociogenic and psychogenic factors. Social psychology may prove one of the geriatrician's essential tools. Perhaps geriatrics will, like pediatrics, offer new opportunity to women physicians. Revolutionary changes are demanded in methods of treatment, in social attitudes, and in institutional patterns.

Benedict, Francis G. and Root, Howard F. "The Potentialities of Extreme Old Age." Proceedings, National Academy of Sciences, Vol. 20, 1934, pp. 389-393.

Any real accumulation of data on the influences favoring extreme old age is sadly lacking. Only life insurance records contain reliable information regarding the normal conditions in extreme old age. Persons who reach 4 score and 10 years afford an important field of observation.

An elderly gentleman, Mr. Seth W. Lincoln, of Worcester, Massachusetts, subjected himself to a study at the Nutrition Laboratory of the Carnegie Institution of Washington, at Boston, at 91 years of age. His voice is normal; one eye dim, but one has good visual acuity with a good angle; he has several long-lived progenitors; in reading, he is omniverous; his trade is printing, and he works at a type case; feet are in excellent condition, and circulation, is good; mouth temperature is normal. The condition of the cardio-renal-vascular system is surprisingly youthful; the chemical examination of the blood shows normal condition. An extraordinary balance of the endocrine glands appears. The total metabolism is 629 calories for 24-hours heat

production per square meter of body surface, showing an extremely low consumption of power while idling. In his personal history, Mr. Lincoln shows no extremes of stress or grief. He is deeply religious, and does not worry. His diet is rational, and he is abstemious.

The physician can aid with advice as to habits of life in hygiene, but the psychologist must help to show people how to cultivate an unharassed mind; in the attainment of longer life, the aid of the psychologist may be as important as that of the physician.

Bernstein, William C., (M.D.). "Proctologic Problems in the Aged." Geriatrics, Official Journal of American Geriatric Society, Vol. 1, No. 3, May-June 1946, pp. 240-245.

This paper calls attention to the importance of anorectal symptoms and to the need to direct more effort toward the alleviation of these disorders in elderly patients. Diagnostic procedures and curative measures should be carried through instead of treating aging patients with palliative medicines.

Bogomolets, Alexander A., (M.D.). "You Can Live 150 Years! First publication in America. A condensation of the world-famous book, which says you can double your life-span: 'The Prolongation of Life.'" Encore, Vol. 9, No. 52, May 1946, pp. 723-752.

This resume (and other popular articles as in Readers Digest of February 1946) describes "an anti-age serum, ACS, developed by the Russian, Alexander A. Bogomolets. This serum affects the connective tissues. It is claimed that it holds the power to vanquish the diseases that particularly devastate older persons, such as cancer, arteriosclerosis, and other degenerative diseases, Dr. Bogomolets considers old-age as actually a premature condition. "A man of 60 or 70 is still young. He has only lived half his natural life."

Carlson, A. J., (B.S., M.S., Ph.D., M.D., Sc.D.). "The Physiological Aspects of Aging." Public Aid in Illinois, Vol. 13, No. 2, February 1946, pp. 1-4.

This paper is an address in a staff training program of the Illinois Public Aid Commission. It attempts to differentiate between the genetic factors of aging and the injurious influences of infection, overstrain, laziness, faulty diets, obesity, etc.

INTENTIONAL SECOND EXPOSURE

which geriatricians, geriatric nurses, and geriatric social workers will form units for the cooperative study and treatment of older patients. Research studies may suggest techniques. Social workers may throw light on the social causes of senility and the steps leading to physical and mental decline; greatest hazards are known to be sociogenic and psychogenic factors. Social psychology may prove one of the geriatrician's essential tools. Perhaps geriatrics will, like pediatrics, offer new opportunity to women physicians. Revolutionary changes are demanded in methods of treatment, in social attitudes, and in institutional patterns.

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production per square meter of body surface, showing an extremely low consumption of power while idling. In his personal history, Mr. Lincoln shows no extremes of stress or grief. He is deeply religious, and does not worry. His diet is rational, and he is abstemious.

The physician can aid with advice as to habits of life in hygiene, but the psychologist must help to show people how to cultivate an unharassed mind; in the attainment of longer life, the aid of the psychologist may be as important as that of the physician.

Bernstein, William C., (M.D.). "Proctologic Problems in the Aged." Geriatrics, Official Journal of American Geriatric Society, Vol. 1, No. 3, May-June 1946, pp. 240-245.

This paper calls attention to the importance of anorectal symptoms and to the need to direct more effort toward the alleviation of these disorders in elderly patients. Diagnostic procedures and curative measures should be carried through instead of treating aging patients with palliative medicines.

Bogomolets, Alexander A., (M.D.). "You Can Live 150 Years! First publication in America. A condensation of the world-famous book, which says you can double your life-span: 'The Prolongation of Life.'" Encore, Vol. 9, No. 52, May 1946, pp. 723-752.

This resume (and other popular articles as in Readers Digest of February 1946) describes "an anti-age serum, ACS, developed by the Russian, Alexander A. Bogomolets. This serum affects the connective tissues. It is claimed that it holds the power to vanquish the diseases that particularly devastate older persons, such as cancer, arteriosclerosis, and other degenerative diseases, Dr. Bogomolets considers old-age as actually a premature condition. "A man of 60 or 70 is still young. He has only lived half his natural life."

Carlson, A. J., (B.S., M.S., Ph.D., M.D., Sc.D.). "The Physiological Aspects of Aging." Public Aid in Illinois, Vol. 13, No. 2, February 1946, pp. 1-4.

This paper is an address in a staff training program of the Illinois Public Aid Commission. It attempts to differentiate between the genetic factors of aging and the injurious influences of infection, overstrain, laziness, faulty diets, obesity, etc.

Dr. Carlson calls our economic, social and religious philosophy philosophy regarding old age today "thoroughly unbiological and unhealthy both for the individual and society." He differentiates also between chronological and philosophical age.

The lengthening of the life span depends on exercise and on preservation of the control mechanism of the body which obesity weakens, thereby hastening the degenerative processes of aging. By better medicine, better hygiene, and better breeding, he estimates that man may in the next hundred years raise the life span of 64 to 94 years. "Then, by God's grace, we may learn that we can't keep a man past 65 idle for 30 years. He shouldn't be kept idle even for 10 years."

Correspondent in London. "A Food Delivery Scheme for the Aged to Diminish the Overcrowding of Hospitals." Journal of the American Medical Association, Vol. 133, No. 9, March 1, 1947, p. 643 in Foreign Letters.

In a conference on catering for the aged and others, as relief to the overcrowding of hospitals, Dr. F. Avery Jones, of the Central Middlesex Hospital, proposed, to the London Council of Social Service, delivery by a well-organized catering service of midday meals to invalids in their own homes. About 10 to 15 percent of patients are admitted to hospitals for food, rest, and medical supervision which could be provided at home. Old people particularly would profit because they find marketing for food too difficult and hence do not eat enough. Diminished resistance to illness results and then they enter hospitals with anemia or bronchitis.

Cowdry, E. V., Editor. Problems of Aging. Biological and Medical Aspects. Second Edition. A publication of the Josiah Macy, Jr., Foundation, Baltimore: The Williams and Wilkins Company, 1942, xxxvi plus 936 pp. Price $10.

This volume is a collection of papers on the process of aging in plants and animals as well as in man. It has 34 chapters, most of which relate to specific parts of human anatomy, to psychological aspects of aging, and to diagnosis and treatment of diseases in old age. Chapter 33 discusses the social urgency for research on these subjects. The volume has a subject index.

Curran, M., Hamilton, J., Orr, J.S., et al. (District Medical Officers) "The Care of the Aged. Observations based on Experience in Glasgow Outdoor Medical Service." Lancet, (London) Vol. 1, No. 5, February 2, 1946, pp. 149-152.

This comment is based on a study of 1,001 old people in Glasgow, Scotland. The fear of institutions is constant. Regimentation and loss of individuality are an actuality. Only 51 agreed that they might voluntarily go to a home. Many could be cared for in their homes by suitable "home helps" who could be on the staff of institutions, in which about 5,000 are cared for. Medical attention from middle-aged doctors should be free. Plans for small dwellings for old couples and solitary old should be included, as 10 to 15 per cent of the total number of dwellings, in housing schemes. This article contains a classification of the diseases afflicting these aged, such as "rheumatism," in tables.

de Kruif, Paul. The Male Hormone. New York. Harcourt, Brace and Company. 1945. 243 pp.

This book describes the effect, on the author, of the prescription of 20 or 30 milligrams, in pills taken orally, of methyl testosterone daily. This prescription was for the muscles and heart and for mental tissues and blood vessels. The author describes how testosterone in men and estradiol in women work in parallel, to strengthen the action of the nerves controlling the little arteries of the heart and the brain, and thus ease the pain of "heartwrecked" persons and bring back mental clearness to brains sick with involutional melancholia. The author describes numerous experiments indicating that testosterone builds up the total vitality of aging men.

Duckles, Dorothy, (M.S.). "Nutrition in Geriatrics." Journal of the American Dietetics Association, Vol. 18, No. 8, August 1942, pp. 508-511.

This article was prepared for the staff educational program of the Boston Community Health Association. It urges the sharing with old people of newer knowledge of nutrition. Unless accompanied by good health and ability to work, longevity may develop into a social evil.

Chronic constipation often results from irregular meals and insufficient thiamin in the diet, inadequate fluid intake, and meals with too few fresh fruits and vegetables. Poor

mastication, reduced exercise, and dental neglect lead to indigestion. Psychogenic factors, especially undue anxiety, fear, and worry, upset the gastro-intestinal tract. One pint of milk daily, taken as a drink or in puddings, soups and cheese, is essential. Foods rich in minerals and vitamins and high in calories stimulate the appetite; meat furnishes essential amino-acids for repair of tissues. It is a fallacy to omit "red" meats and eggs which have iron, as well as protein. Protein-rich foods are also good sources of niacin.

Griffin, John J. "The Growing Problem of the Aged." Social Service Review, Vol. 19, No. 4, December 1945, pp. 506-515.

This article traces population changes and the trend toward a larger number of elderly persons in the United States population. It analyzes the effects of these trends from the aspect of health and medicine, and from the aspect of the part to be played in ameliorating conditions by professional social work. Leaders in social work should undertake extensive self and staff education on the specialized demands of the aged. Schools of social work should take the educational lead. Ultimately there should be competent geriatric social workers and expert geriatric case work. Case workers should understand the remote as well as the more tangible factors explicative of familial attitudes. The need for geriatric guidance to proper preparation for old age is noted. Case work with the chronically ill aged is called "a virtually unexplored field," requiring more than an expeditious placement system, inadequacies of which are summarized. "The final issue at stake is...human dignity."

Hill, Ruth. "Understanding the Problems of Older People." New York, New York. Family Welfare Association of America Reprint, 1939, Price 20 cents. 20 pp.

Miss Hill lists nine concepts and practices for which there is in the Old-Age Assistance field a peculiar need, including letting the client select the medical facilities he prefers and less use of pressure to follow health treatment, and more contact through the written work in order that questions may be considered deliberately and a record left for the client to mull over.

Indiana State Board of Health. Adult Hygiene and Geriatrics: Medical Problems of the Aging. Indianapolis, 1946, 14 pp.

This pamphlet has a chart which shows the percentage of the population over 45 years of age in the United States in 1900, 1930, 1940 and 1980; discusses the diseases of the aged and preventive geriatrics which is most potent from 40 to 60 years of age; and outlines a health consultation. Constructive medicine is described as the study of evidences of premature degenerative changes and the application of preventive measures.

Kaplan, Oscar J., Editor. Mental Disorders in Later Life. Stanford University, California, Stanford University Press, 1945, 436 pp.

This volume is considered by the editor to disclose the pattern of future attack upon the mental diseases of later life, i.e. through close collaboration of psychiatrists, psychologists, phyiologists, statisticians and sociologists. The papers indicate the level of present achievement in this area, which is at the threshold of understanding in inquiry concerning etiology. He considers it "heartening to observe that the aura of inevitability is beginning to lift from these widespread maladies which have been viewed as hopeless in the past."

The book has seventeen chapters, four of which present the statistical, physiological, psychological and sociological aspects of these mental disorders. Then follow discussions of the relation of nutrition to mental health in old age; neuroses of later maturity; the various types of psychoses; toxic delirious reactions; long hospitalization; psycho-somatic medicine; psychotherapy and mental hygiene.

In the final chapter on orientation, Dr. Stieglitz refers to investigations of these problems as inseparable from others in gerontology, the basic scheme of which lies in three major fields: (a) the biology of senescence; (b) geriatrics; and (c) sociologic problems of aging mankind. Each of these is discussed.

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King, William F., (M.D.). "Health Guidance in Advancing Years". Proceedings, Institute on Geriatrics, Indianapolis, May 22, 1946, pp. 6-8.

In 1945 the Indiana Legislature required the State Board of Health to provide facilities and personnel for research, investigation and dissemination of knowledge concerning the health of persons of middle and advanced age and diseases common to that period of life. Hence was established the Division of Adult Hygiene and Geriatrics to provide, among other objectives, health guidance in advancing years.

The situation requires: (1) a more realistic attitude toward both aged and the aging on the part of physicians and of all people; (2) scientific research in aging and old age, as "the one thing that every one must look forward to is the one thing least understood"; (3) making available medical knowledge and experience for health guidance through middle and advanced age. Such guidance is the responsibility of not only the physician and the public health administrator, but also the economist, the sociologist, the employer in industry, the educator and the government.

Klumpp, Theodore G., (M.D.). "Care of the Aged and Chronically Ill" American Journal of Public Health and the Nation's Health, Vol. 37, No. 2, February 1947, pp. 156-162.

Much remains to be done for those who are chronically ill. Dr. Klumpp lists 7 points to serve as a guide toward this end: (1) Abandon compulsory retirement on a calendar age basis. (2) Retirement should be based on fitness to do a given job. (3) Retirement should be based on recommendation of a retirement board. (4) The older worker should taper off in industry. (5) Industry, government, and private business should employ partially disabled persons to a greater extent and in a more intelligent way. (6) Home environment is better than an institution, and the strong must learn greater patience and kindness toward older persons. (7) Institutions for the aged and disabled must be modernized for physical, mental and spiritual comfort of residents, each of whom should have a tailor-made job for which he is paid in proportion to his production.

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The legislative picture of licensing and supervision of nursing homes and medical care facilities is sketched. Facilities are the greatest need today. There should be an intergrated approach to all of the medical-social problems involved. Administrative problems are discussed. Public health workers generally need to review critically their administrative practices in the light of the extent and special character of the needs of older persons, and the American Public Health Association should add a Committee on sheltered care for older persons. There are 11 references.

Korenchevsky, V., (M.D.). "Conditions Desirable for the Rapid Progress of Gerontological Research." Journal of Gerontology, Vol. 2, No. 1, January 1947, pp. 54-56.

This address, originally published in the British Medical Journal, September 28, 1946, is here reprinted with additions by the author. It was given at the first conference of the Club for Research on Aging at the Imperial College, London. Taking into consideration all the difficulties of research involving all branches of science and medicine, the author lists five conditions for rapid advance: Cooperative research of scientists and medical research workers in civilized countries, large funds, institutes for research in major countries, groups of research workers in gerontology and geriatrics, and large long-term grants to existing laboratories and research hospitals for research on the aged.

Lawton, George, (M.D.), Editor. New Goals for Old Age. Columbia University Press, 1943. 210 pp.

This volume is a series of papers by various authorities. They were delivered originally in an instructional course, "Mental Health in Old Age," conducted under the auspices of the section on The Care of the Aged of the Welfare Council of New York City in 1940-1941 for persons directly connected with the care of older people. The lectures were made as practical as possible and presented a wide sampling of viewpoints. Of the whole problem, the editor says: "The necessity of finding ways to meet the varied

needs of old people will grow steadily more imperative. We must therefore remember that a new view of childhood gradually developing within the past century ultimately gave rise to real children who knew a happier enriched home and school life because of changed attitudes toward the possibilities of childhood. In the same way, students of old-age care who do not easily find examples of a mentally hygienic and a wholly useful and admirable senescence, must invent such a kind of later maturily."

Lee, Roger I., (M.D.). "Geriatrics: The Medical Care of the Elderly", The New England Journal of Medicine, Vol. 230, No. 7, February 19, 1944, pp. 190-193.

"The present program of preventive medicine is enabling a great many people to live to 65 years but is not promising them anything when they do." Dr. Lee points out the opportunities of the medical profession to make life happier and healthier for the elderly, now that so many live to be old. The negative, defeatist attitude of society toward old age needs to become positive and constructive. The damaging diseases of old age, such as advanced cancer, apoplexy and degenerative heart disease, can be studied and the origins traced back, and preventive steps taken in the population. Gallstones are particularly frequent in advanced age; high amounts of fat and roughage are contra-indicated in the diet of the elderly. The vitamins must be watched especially the B complex in order to serve as catalysts of the carbohydrates to assist digestion. On account of the frequency of diverticulosis, the amount of roughage should be restricted after age 60.

Digestive assistants, such as hydrocloric acid, pepsin, and pancreatic extract, and bile salts are helpful. Laxatives should be omitted in favor of the same procedures used in younger people. Disturbances of the endocrine glands in older people can be dealt with by the addition of iodine. Other treatments are referred to. He points to the need to find the real answer to such diseases as arteriosclerosis. Geriatrics calls for psychological as well as physical treatment.

Miller, Lucas A., (M.D.). "What is Old Age?" Geriatrics, Official Journal of the American Society of Geriatrics, Vol 1, No. 4, July-August 1946, pp. 305-312.

This fundamental survey of old age is based on a notebook on longevity kept over a period of 20 years by Dr. Lucas A. Miller of Colorado Springs who practiced medicine over 50 years and had a deep interest in geriatrics before the term was coined. An anonymous author compiled this article and published it under the name of Dr. Miller posthumously. It follows the development of theories now disregarded and of newer scientific interest in living long, citing old material here and there as well as material published in the 1940's. The outlook is optimistic.

"The centenarian of the future will not sit in the sun and whittle, or just sit. He will be happily busy, for he will build up an engrossing interest in some activity in the middle years. He may not be able to approach Cicero's picture of the indefatigable Cato, but he will be alert and active and enthusiastic. He will be too preoccupied with life to worry about death. Death will take care of itself; it always has." The point of view corresponds with that of Pearl and others that "the body cells are potentially immortal." Twenty references are appended.

National Resources Planning Board. Human Conservation: The Story of Our Wasted Resources, Washington. Government Printing Office, March 1945, 126 pp.

This monograph points out that our population is getting older and devotes chapter 10 to "Old Age and Senescence: 65 and over." It is possible that better understanding of growing old may bring brighter prospects through special medical services (geriatrics), psychiatric, psychological, nutritional, social services and other aids. As Social Security has begun retirement allowances, the task is now to make life more livable and effective for the aged by providing housing or even whole communities constructed and operated for their special benefit. More important is the individual's own preparation for his old age by learning how to live in health and contentment. The problem of conserving this older group has scarcely been attacked. Preparation for old age must begin with babies and children who will live the longer span. A broad public policy and program are needed.

Rickert, Marion. "Old Age is not an Illness. But the Illnesses of Old People Require Care and Understanding on the Part of Social Workers." Better Times, Welfare Council of New York City, Vol. 28, No. 26, March 21, 1947, pp. 5 and 14.

The medical social work supervisor of the New York State Department of Social Welfare presented this article as a paper at a conference on older people arranged by the New York School of Social Work and the Federation of Protestant Welfare Agencies. Caseworkers need more precise knowledge of chronic diseases, of treatment, of effects on the lives of aged persons, of their fears and other emotional tensions. A health examination is the first stop for which the case workers can give the doctor in advance a statement of the illness, its duration, treatments, effects on living habits, other illnesses, and living conditions.

The social worker interprets the results of the examination, and helps the patient carry out the doctor's recommendations. Text books, professional literature, discussions with physicians and group conferences help the social worker in increase medical knowledge and social factors relating to specific diseases. The article refers to the Indiana State Department of Geriatrics and the United States Public Health Service long-range research project in diseases of old age and suggests that schools of social work may begin to prepare students for better work with the aged.

Robinson, G. Canby (M.D. LLD. ScD.). The Patient as a Person: A Study of the Social Aspects of Illness. New York, The Commonwealth fund, 1939. London. Humphrey Milford, Oxford University Press. 423 pp.

The thesis of this book is that a knowledge of the social problems of patients and of any emotional complications in their lives is necessary to cure the illness of patients. The treatment of a dozen older persons suffering from circulatory, respiratory, digestive, psychoneurotic and other symptoms is described among many other cases. The infinite variation among individuals makes it impossible to predict what type of illness will occur from an excessive emotional reaction to different types of social adversity. The book has a bibliography of 28 items on the role of emotion in disease and similar topics.

Simms, Prof. H.S. "Secret of Youth", The American Weekly, November 17, 1946, p. 24.

This popular article discusses potential life expectancy in comparison with actual present life expectancy in the United States. A clue to the nature of the process of aging lies in the deterioration of the circulatory system. Most of the increase in the death rate throughout adult life relates to diseases of the heart, arteries, and kidneys. "Even slight alleviation of these maladies will lengthen life and youthfulness. Increasing research is being performed, as at the College of Physicians and Surgeons of Columbia University, where there is a program for research on aging, on arteriosclerosis, and on hypertension. Goldwater Memorial Hospital at New York City, Washington University at St. Louis, Baltimore City Hospital, in cooperation with the United States Public Health Service, are all doing research on these diseases. The Life Insurance Medical Research Fund, with over half a million dollars available over a period of five years, the American Heart Association, and the Medical Memorial Fund will work on aging and related problems of disease.

Smith, Lillian Martin. The Medical Care Provisions of the Cities. Reprint of a paper given before the American Association for Social Security, New York City, April 4, 1941. Processed.

This paper lists 14 fundamental principles that should characterize a medical care program for recipients of old-age assistance.

1. Opportunity for care wherever recipient is found.
2. The agency should mobilize the community resources to provide medical services to meet high standards.
3. The program should be part of the general medical care plan of the community.
4. The recipients should not be set apart as a special and conspicuous group.
5. The program should include hospital services including chronic care, physicians' services in home and office, clinic service, nursing care, convalescent care, and drugs, supplies and appliances.
6. Existing facilities should be utilized as fully as is consistent with good quality of service and economy.

7. The assistance agency should provide professional supervision of the medical program.
8. Reasonable methods and rates of payment should be determined by the assistance agency.
9. Each applicant should be offered the opportunity for a complete health inventory.
10. Visits should be made at regular intervals by a physician or nurse to inquire into medical needs.
11. Medical supervision in the home for non-ambulant and ambulant persons.
12. Special geriatric services should be provided in the established clinics facilities.
13. Nursing and housekeeping services should be provided for an aged person able to care for himself in some measure.
14. Medical needs of old-age recipients should be considered in relation to plans for living, medical expenses, and services, and in recognition of social and psychological factors.

Sodeman, W. A., (M.D.). "Disease and the Aged". New Orleans Medical and Surgical Journal, Vol. 99, No. 5, November 1946, pp. 216-220.

The era of diseases of the aged has begun. The problems of aging fall into three categories: (1) the biology of senescence as a process; (2) the clinical problems of senescence; and (3) the socio-economic problems of aging. These are discussed. The approach must be individual. The technics of the cancer detection and prenatal clinic would probably be necessary and could be carried out in the office of the private physician. Not only positive physical findings but also review of habits of living are necessary to find the points at which health may be improved or where beginning deterioration may be blocked. Community provision of facilities for health examinations of the aged is needed

Stieglitz, Edward J., (M.D.). Geriatric Medicine, Philadelphia, W. B. Saunders Co., 1943, 887 pp.

This collection of papers by various authors has 46 chapters, two of which are "Orientation" and "Principles of Geriatrics." The other chapters treat of physiologic, anatomic, and mental changes with aging; application to the aged of principles of pharmacology, physical therapy, surgery, anasthesia; and specific diseases to which the aged are liable. The chapters are classified into 11 sections: General considerations,

Specific Systemic Infective Diseases; Disorders of Metabolism; Disorders of the Mind and Nervous System; Disorders of the Circulatory System; Disorders of the Alimentary System; Disorders of the Genito-Urinary System; Disorders of the Skeletal System, of the Blood, and of the Cutaneous System.

Stieglitz, Edward J., (M.D.). "Problems in Geriatric Medicine." Clinics, Vol. 4, No. 5, February, 1946, pp. 1071-1342.

This issue is a collection of 16 papers. Dr. Edward J. Stieglitz has two papers: "The Meaning of Geriatrics", and "The Periodic Health Inventory"; Dr. E. L. Tuohy discusses "Nutrition in Relation to Geriatrics"; Dr. Joseph H. Barach discusses "Diabetes and Geriatrics"; Dr. G. M. Piersol writes on "Coronary Artery Disease in the Aging"; Henry O. Brainard and Wm. J. P. Kerr, write on "Pneumonia in the Aged"; Ward Darley on Imphysema and Chronic Bronchitis in the Aged"; Frederic D. Zeman on "Infectious Diseases in Old Age"; William B. Kountz on "Management of Nephritis of the Elderly"; Trevor H. Howell on "Arthritis in Old Age"; Alice E. Palmer on "Common Disorders of the Aging Skin"; George W. Kosmak on "Certain Aspects of Gynecology as Related to Geriatrics"; Frederick C. Kishback on "Surgery in the Aged"; Robert H. Herbst on "The Prostatic Patient Today"; John U. Schwarzmann on "Rectal Cancer"; and Harold Stevens on "Psychiatric Disorders of the Senium". All but the papers on arthritis, gynecology, surgery, prostate, and rectal cancer have lists of references which are cited under bibliography.

In Dr. Stieglitz' article on the "Meaning of Geriatrics," aging is divided into four periods: Evolution, maturation, senescence, and senility; geriatric medicine is concerned with the last two phases of life. The aged are "functionally and structurally different men and women" from the persons they were in their youth. The majority of changes peculiar to older people start at or shortly before 40; after this turning point, involutional changes accumulate insidiously. Geriatric medicine should focus on the two decades 40 to 60, to arrest or at least retard degenerative disorders, particularly cardiovascular depreciations, which lead to much disability later; it must be prophylaxis not palliation. It involves all the various specialized

subdivisions of medicine; it is a point of view which takes cognizance of and understands the changes consequent to aging". The terminal period of life is not necessarily one of prolonged invalidism and lingering decline, and enjoyment may be added to life by geriatrics.

The aged should not be denied the benefits of modern medicine and surgery. Restrictions arise from the inherent characteristics of the diseases of senescents, the specific biologic attributes of elderly patients, and the limitations of our knowledge of senescence, each of which is discussed. Even when cure is impossible, control is feasible and may be extraordinarily effective. The medical profession should apply present geriatric knowledge; older individuals should assume responsibility and exert themselves on behalf of their own health; we add to knowledge by research especially in the complex causation of degenerative disorders and biologic changes of senescence.

Stieglitz, Edward J., (M.D.), "The Periodic Health Inventory" in Problems in Geriatric Medicine, Clinics, Vol. 4, No. 5, February 1946, pp. 1322-1342.

The basic objective in the periodic health inventory is described as the measurement of the degree of health, not merely discovery of classifiable organic disease. Guidance of the patient is indicated. A sample periodic health examination is discussed, and minimum laboratory analyses are listed.

Thewlis, Malford W., (M.D.). "Geriatrics and Postwar Problems" Geriatrics, Journal of the American Geriatrics Society, Vol. 1, No. 1, January-February 1946, pp. 54-59.

In 1943, at the War Production Retaining Course at Harvard University, older workers could retain and master new information, with adequate incentive, and could contribute new ideas which were original and valuable. These findings offer further reason for the education of older people. A list is given of Federal civil service jobs opened to the higher age groups as a wartime measure which should be continued. He urged the

revival of the Forty-Plus Clubs to establish contact between employers and trained executives in the post war period. Statistics from United States Public Health Service are quoted to show that death rates decreased for some of the commoner diseases of old age for 1944, 1943 and 1940; work may be a preventive measure against disease. There should be physical examinations for the aged but also apprenticeship University Courses, and enough jobs. The old age counseling centers instituted in San Francisco and New York City "should be extended all over the country". Security in a job will prevent illness and reduce taxation. The next great problems are better housing and improved nutrition.

Thewlis, Malford W., (M.D.). "The Art of Geriatric Practice". North Carolina Medical Journal, Vol. 5, no. 12, December 1944, pp. 580-583, (with discussion by Dr. Edward B. Allen).

The physician who deals with aged people can do much to prolong life and add to happiness by an understanding of human nature, a careful choice of words, and a cheerful, hopeful manner. Superficial psychotherapy and elementary procedures take care of perhaps 70 percent of the cases. The other 30 percent must be under psychiatric care. The author advises against the use of "words that kill," such as cancer, arthritis, Bright's disease, and high blood pressure, and arteriosclerosis. Less terrifying terms should be substituted. A person should be given detailed information if he asks for it. It is often possible to divert a patient's attention from himself and get him into a mood in which he is more receptive to suggestions than if the doctor draws a diagram of a contracted kidney for him. The geriatrician should allow the patient to tell his story. Dr. Thewlis allows an hour to take the history and another hour for examination. Afterwards, visits can be short. The physician can cultivate in the family a more tolerant attitude toward old age. He urges doctors to use few and gentle words on the old person who is suffering from disease.

revival of the Forty-Plus Clubs to establish contact between employers and trained executives in the post war period. Statistics from United States Public Health Service are quoted to show that death rates decreased for some of the commoner diseases of old age for 1944, 1943 and 1940; work may be a preventive measure against disease. There should be physical examinations for the aged but also apprenticeship University Courses, and enough jobs. The old age counseling centers instituted in San Francisco and New York City "should be extended all over the country". Security in a job will prevent illness and reduce taxation. The next great problems are better housing and improved nutrition.

Thewlis, Malford W., (M.D.). "The Art of Geriatric Practice". North Carolina Medical Journal, Vol. 5, no. 12, December 1944, pp. 580-583, (with discussion by Dr. Edward B. Allen).

The physician who deals with aged people can do much to prolong life and add to happiness by an understanding of human nature, a careful choice of words, and a cheerful, hopeful manner. Superficial psychotherapy and elementary procedures take care of perhaps 70 percent of the cases. The other 30 percent must be under psychiatric care. The author advises against the use of "words that kill," such as cancer, arthritis, Bright's disease, and high blood pressure, and arteriosclerosis. Less terrifying terms should be substituted. A person should be given detailed information if he asks for it. It is often possible to divert a patient's attention from himself and get him into a mood in which he is more receptive to suggestions than if the doctor draws a diagram of a contracted kidney for him. The geriatrician should allow the patient to tell his story. Dr. Thewlis allows an hour to take the history and another hour for examination. Afterwards, visits can be short. The physician can cultivate in the family a more tolerant attitude toward old age. He urges doctors to use few and gentle words on the old person who is suffering from disease.

Towle, Charlotte. Common Human Needs: An Interpretation for Staff in Public Assistance Agencies, Federal Security Agency, Public Assistance Report No. 8, Washington, D.C. Government Printing Office, 132 pp. Price 25 cents.

One short section in this book (pages 68-72) is entitled, "Old Age Can be a Satisfying Life Period"; it covers the problems of the aged in a penetrating but very brief manner. It refers to the fact that organic cerebral damage may be responsible for personality changes, or traumatic emotional response may be responsible. The approach is that regression is to be expected. Other sections are valuable because "work with the aged utilizes the same principles as other groups."

Trott, Lona L., (R.N.), Red Cross Home Nursing, Philadelphia, The Blakeston Company, 1942, 431 pp, Price 60 cents.

Chapter 19, pp. 362-368, treats of "The Care of the Aged" in easily understood summaries. The changes generally experienced in old age are described; the kind of physical environment needed to keep elderly people comfortable is explained; food, elimination, bathing and cleanliness, prevention of accidents and illness, and useful activity are discussed. These few helpful pages would prevent many errors and misunderstandings on the part of anyone caring for older patients and on the part of the elderly themselves.

Tuohy, Edward L., (M.D.), "Geriatrics and the Work of Dietitians". Journal of the American Dietetic Association, May 1945, pp. 291-295.

Dr. Touhy discusses rehabilitation of hospitalized aged, the advantages of high-protein diets for general tissue and liver rebuilding, the need for numerous small nursing-homes for old people, and the increasing need for nursing homes for "hopeless cancer". The article has a few references on the subject.

Tuohy, Edward L, (M.D.), "Geriatrics: The General Setting". Geriatrics. Official Journal of the American Geriatrics Society, Vol. No. 1, January-February 1946, pp. 17-20.

The environmental economy determines the attainment and usefulness of American medicine, hence we must foster and help to maintain that type of industrialism that shall promote harmony within our own groups and peace with all. For Geriatrics, 5 considerations merge: (1) Our society must not drift toward a situation in which men and women over 60 are considered "barnacles on the ship of State".

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We need everyone contributing his mental if not also his physical faculties to aid in maintaining a high standard of living. (2) The basic principles of industrialization cannot be junked but should be extended to backward countries. (3) Extreme urbanisation drives more and more people into the arms of the State; we should prove that man does not belong to the State. (4) The problems of doctors, hospitals etc., are all closely related to depletion of our natural resources, and rapid depletion should cease. (5) Social and economic problems connected with these items concern geriatrics, for the aged in a badly planned general economy have little occasion to be grateful for life extension.

As we have developed our institutions on the basis of a society dominated by people under 40, we do not know what to do with old people nor do they know what to do with themselves. Powerful disturbances are resulting from the increasing numbers of old people among us. Institutes to study old age should be directed not only toward the physiological and pathological processes but also toward the psychological, sociological and the broader economic factors. Leading American universities could contribute significantly.

Tuohy, Edward L, (M.D.). "Feeding the Aged". New York State Joint Legislative Committee on Nutrition, Nutrition for Young and Old, Albany, N. Y., 1946. pp. 105-113.

Dr. Tuohy emphasizes that the soil cannot give what it does not have and that not all foods are standard products. One section is headed, "Inherent Food Content and Regional Differences", and expresses the hope of new discoveries, like the soy bean, that may enhance the productivity of the soil, furnish a basic source of protein for people. In numerous diseases of the aged, high-protein feeding offers the best chance for rehabilitation. He discusses rehabilitating the undernourished in the Netherlands where the best results came from 300 grams of natural protein on a 3,200 calory daily diet, fat being added gradually. The fatty liver is discussed and a formula is cited for varco-gastric feeding, and a table is cited showing the time required for rehabilitation depending on the degree of weight loss.

Suggestions are given for the diet of the elderly, namely, balance in diet; sufficient food, with protein and carbohydrates not neglected; plenty of protein, despite its expensive features; the appreciation of the stimulus in zestful food, and the desirability of a good breakfast. Courage and ability to do some useful service in age is the real goal. Thirteen sources are cited at the end.

Worcester, Alfred, (M.D., Sc.D.). The Care of the Aged, the Dying and Dead. Springfield, Ill., Chas. C. Thomas Co. Second Edition,1940. (Second Printing, 1945). 32 pp.

This book is derived from lectures written especially in the hope of interesting medical students in the family physician's high privileges of service. The art of medical practice primarily depends upon devotion to the patient rather than to his disease.

Lack of specialists in geriatrics is due (1) to certainty of the eventual succumbing of aged; and (2) to the inability of the aged to travel to doctors' offices or to find hospital accomodation. Thus the care of the aged devolves upon the general practitioners who have ceased to communicate the results of their experience to the profession, dazzled by discoveries of the specialists.

One magnificent advance is the surgical removal of sex organs which are no longer of any use but are often obstructive and always prone to malignancy. Prostatectomy in the prevention of suffering is second only to the discovery of anaesthetics.

The comfort of the aged not their impossible rejuvenation should be the physician's aim. Dr. Worcester advises that minor ailments are often only the natural consequences of hygienic violations, and that more warmth, more rest, less work and less food are the four cardinal hygienic requirements of senescence; "many of the distressing changes of character, too often met with in the aged, are the direct results of insufficient or improper care".

IV. BIBLIOGRAPHIES ON HEALTH NEEDS OF AGED PERSONS

(See also digests in preceding sections which contain some references to bibliographical material).

Armstrong, Florence A. Cost of Living for Aged Persons. Federal Security Agency, Social Security Board, Bureau of Research and Statistics, Bureau Memorandum No. 53, 1943, 44 pp., Processed.

This document has a bibliography of 11 items on the medical needs of aged persons, the cost, and the methods of meeting the needs in some situations.

Cowdry, E. V., Editor. Problems of Aging: Biological and Medical Aspects. Baltimore, Maryland, The Williams and Wilkins Company, 1942, Second Edition, 936 pp.

In this publication of the Josiah Macy, Jr., Foundation, 37 authors contribute 34 chapters on aging in plants, animals and man. Most chapters have extensive lists of references.

Dunbar, Helen Flanders, Emotions and Bodily Changes. New York. Columbia University Press, 1935.

This is a survey of the literature on psychosomatic interrelationships, 1910-1933. More than 2,000 publications are reviewed. Much of the material is relevant to the health problems of older persons.

Federal Security Agency, Social Security Board. Sheltered Care and Home Services for Public Assistance Recipients. Public Assistance Report No. 5, 1944, 149 pp. Washington, D.C. Government Printing Office, Price 25 cents.

This report has 7 pages of selected reading references on private sheltered care, public institutions, home services, and guardianship. Many of the items refer to care of the aged sick and to their problems.

Geriatrics, Official Journal of the American Geriatrics Society. A. E. Hedback, M.D., Editor, 84 South Tenth Street, Minneapolis 2, Minnesota.

This journal devoted to research and clinical study of the diseases and processes of the A ed and Aging, began with the January-February issue in 1946. The articles carry references so that each issue (bi-monthly) carries several useful bibliographies. Price, $5.00 a year.

Griffin, John J. Bibliography on Geriatrics and the Care of the Aged. Washington, D.C. National Conference of Catholic Charities, Unpublished.

As consultant on the aged to the conference, Mr. Griffin has compiled a bibliography of about 700 references, under the heads of I, Books; II, Articles and Special Studies; and III, Editorials, Unsigned Articles and Reports. It contains a list of journals referred to and their addresses, at the end.

Journal of Gerontology. This journal, published quarterly for the Gerontological Society, Inc., and edited by Robert A. Moore and a large board of advisory editors and foreign correspondents, began with the January issue in 1946. The articles contain lengthy bibliographies, and an index to current periodical literature in the field. The publisher is Charles C. Thomas, 301-327 East Lawrence Avenue, Springfield, Illinois, Price $6.00 a year.

Kaplan, Oscar J., Editor. Mental Disorders in Later Life Stanford University, California, 1945, 436 pp.

The bibliographies listed in the several chapters vary in extent.

Kountz, William B., (M.D.). "Management of Nephritis in the Elderly." Clinics, Vol. 4, No. 5, February 1946, pp. 1185-1203.

This paper has a list of 94 references including several French, German, and British items.

Lawton, George, (M.D.), Editor, New Goals for Old Age. Columbia University Press, 1943; 210 pp.

This volume has an extensive bibliography relating to mental health in old age.

Mueller-Deham, Albert and Robson, S. Milton. Internal Medicine in Old Age, Baltimore, Maryland, The Williams and Wilkins Company, 1942, 396 pp.

A bibliography is appended at the end of most of the 50 chapters and includes foreign references, mostly German and French.

Piersol, George Norris,(M.D.). "Coronary Artery Disease," Clinics, Vol. 4, No. 5, February 1946, pp. 1114-1123.

Has a list of 12 references.

Stevens, Harold, (Ph. D., M.D.), "Psychiatric Disorders of the Senium". Clinics, Vol. 4, No. 5, February 1946, pp. 1301-1321.

This article has 36 references.

Stieglitz, Edward J, (M.D.), Editor. Geriatric Medicine. Philadelphia, W. B. Saunders Company, 1943. 887 pp.

This collection of articles has bibliographics at the end of many of the 46 chapters.

Thewlis, Malford W., (M.D.). The Care of the Aged (Geriatrics). St. Louis. The C. V. Mosby Company, Fifth Edition, 1946, 500 pp.

This volume has references to sources and relevant material at the end of each of its 33 chapters.

Tuohy, Edward L., (M.D.), "Geriatrics and the Work of Dietitians". Journal of the American Dietetic Association, Vol. 21, No. 5, May 1945 pp. 291-295.

This paper is designated as from the medical department of the Duluth clinic, Duluth, Minnesota. It has a good bibliography on problems of aging.

Tuohy, Edward L., (M.D.) "Nutrition in Relation to Geriatrics." Clinics, Vol. 4, No. 5, February 1946, pp. 1079-1095.

This paper has a list of 14 references, dated from 1939 to 1945.

Zeman, Frederic D., (M.D.). "Infectious Diseases in Old Age." Clinics, Vol. 4, No. 5, February 1946, pp. 1157-1184.

This article has a long list of references covering more than two pages on the various infections which afflict older persons.

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